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McGuire Nuclear Station
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October 28, 2002

Document Control Desk
U.S. Nuclear Regulatory Commission
Washington, D.C. 20555

Re: McGuire Nuclear Station Unit 1 Docket No. 50-369
McGuire Nuclear Station Unit 2 Docket No. 50-370
Changes to Emergency Plan Implementing Procedures

Attached to this letter is a revised Emergency Plan Implementing Procedure (EPIP) Index and a notice of revision to eight (8) Emergency Plan Implementing Procedures. These procedure revisions were evaluated pursuant to the requirements of 10 CFR 50.54 (q). These changes do not constitute a reduction in the effectiveness of the emergency plan and the plan continues to meet the requirements of 10 CFR 50.47 (b) and 10 CFR 50 Appendix E. Duke implemented these changes on October 1, 2002. A copy of these changes is also being sent to the NRC Office of Nuclear Material Safety and Safeguards as per 10 CFR 72.44 (f). The following procedure index change and procedure revisions have been implemented:

EPIP Index Page 1	Dated 10/1/2002
EPIP Index Page 2	Dated 10/1/2002
EPIP Index Page 3	Dated 10/1/2002

REVISION to the following procedures:

RP/0/A/5700/001	Dated 10/1/2002, Rev 017
RP/0/A/5700/002	Dated 10/1/2002, Rev 017
RP/0/A/5700/003	Dated 10/1/2002, Rev 017
RP/0/A/5700/004	Dated 10/1/2002, Rev 017
RP/0/A/5700/011	Dated 10/1/2002, Rev 006
RP/0/A/5700/012	Dated 10/1/2002, Rev 021
RP/0/A/5700/020	Dated 10/1/2002, Rev 013
RP/0/B/5700/023	Dated 10/1/2002, Rev 003

There are no new regulatory commitments in this document. Duke is also supplying two copies of this submittal to the Regional Administrator of Region II. Questions on this document should be directed to Kevin Murray at (704) 875-4672.

Very truly yours,

D. M. Jamil

Attachments

AX45

U.S. Nuclear Regulatory Commission
October 28, 2002
Page 2

xc: (w/attachment)
Mr. Luis Reyes,
Regional Administrator
U.S. Nuclear Regulatory Commission
Region II
61 Forsyth St., SW, Suite 23T85
Atlanta, Georgia 30303

(w/attachment)
Mr. Martin J. Virgilio, Director
Office of Nuclear Material Safety and Safeguards
Mail Stop T-8A23
Washington, D.C. 20555-0001

(w/o attachment)

R. E. Martin, USNRC
U.S. Nuclear Regulatory Commission
Office of Nuclear Reactor Regulation
Washington, D.C. 20555

NRC Resident Inspector
McGuire Nuclear Station

E.M. Kuhr (EC050)

M.T. Cash, Manager NRIA (EC050)


Electronic Licensing Library (EC050)

EP File 111

DUKE

McGUIRE NUCLEAR SITE

EMERGENCY PLAN IMPLEMENTING PROCEDURES

APPROVED: 
SAFETY ASSURANCE MANAGER

DATE APPROVED 10/28/02

EPIP Index Page 1	Dated 10/1/2002
EPIP Index Page 2	Dated 10/1/2002
EPIP Index Page 3	Dated 10/1/2002

RP/0/A/5700/001	Rev. 017	Dated 10/1/2002,
RP/0/A/5700/002	Rev. 017	Dated 10/1/2002,
RP/0/A/5700/003	Rev. 017	Dated 10/1/2002,
RP/0/A/5700/004	Rev. 017	Dated 10/1/2002,
RP/0/A/5700/011	Rev. 006	Dated 10/1/2002,
RP/0/A/5700/012	Rev. 021	Dated 10/1/2002,
RP/0/A/5700/020	Rev. 013	Dated 10/1/2002,
RP/0/B/5700/023	Rev. 003	Dated 10/1/2002,

EMERGENCY PLAN IMPLEMENTING PROCEDURES INDEX

<u>PROCEDURE #</u>	<u>TITLE</u>	<u>REVISION NUMBER</u>
RP/0/A/5700/000	Classification of Emergency	Rev. 008
RP/0/A/5700/001	Notification of Unusual Event	Rev. 017
RP/0/A/5700/002	Alert	Rev. 017
RP/0/A/5700/003	Site Area Emergency	Rev. 017
RP/0/A/5700/004	General Emergency	Rev. 017
RP/0/A/5700/05	Care and Transportation of Contaminated Injured Individual(s) From Site to Offsite Medical Facility	DELETE
RP/0/A/5700/006	Natural Disasters	Rev. 009
RP/0/A/5700/007	Earthquake	Rev. 007
RP/0/A/5700/008	Release of Toxic or Flammable Gases	Rev. 004
RP/0/A/5700/009	Collisions/Explosions	Rev. 002
RP/0/A/5700/010	NRC Immediate Notification Requirements	Rev. 013
RP/0/A/5700/011	Conducting a Site Assembly, Site Evacuation or Containment Evacuation	Rev. 006
RP/0/A/5700/012	Activation of the Technical Support Center (TSC)	Rev. 021
RP/0/A/5700/013	Activation of the Emergency Operations Facility (EOF)	DELETE
RP/0/A/5700/14	Emergency Telephone Directory	DELETE
RP/0/A/5700/015	Notifications to the State and Counties from the EOF	DELETE
RP/0/A/5700/16	EOF Commodities and Facilities Procedure	DELETE
RP/0/A/5700/17	Emergency Data Transmittal System Access	DELETE
RP/0/A/5700/018	Notifications to the State and Counties from the TSC	Rev. 011
RP/0/A/5700/019	Core Damage Assessment	Rev. 004
RP/0/A/5700/020	Activation of the Operations Support Center (OSC)	Rev. 013
RP/0/A/5700/21	EOF Access Control	DELETE
RP/0/A/5700/022	Spill Response Procedure	Rev. 009
RP/0/A/5700/024	Recovery and Reentry Procedure	Rev. 002
RP/0/A/5700/026	Operations/Engineering Technical Evaluations in the Technical Support Center (TSC)	Rev. 002
RP/0/B/5700/023	Public Affairs Emergency Response Plan	Rev. 003
OP/0/B/6200/090	PALSS Operation for Accident Sampling	DELETED

EMERGENCY PLAN IMPLEMENTING PROCEDURES INDEX

<u>PROCEDURE #</u>	<u>TITLE</u>	<u>REVISION NUMBER</u>
HP/0/B/1009/002	Alternative Method for Determining Dose Rate Within the Reactor Building	Rev. 002
HP/0/B/1009/003	Recovery Plan	Rev. 004
HP/0/B/1009/05	Initial Evaluation of Protective Action Guides Due to Abnormal Plant Conditions	DELETED
HP/0/B/1009/006	Procedure for Quantifying High Level Radioactivity Releases During Accident Conditions	Rev. 006
HP/0/B/1009/010	Releases of Radioactive Effluents Exceeding Selected Licensee Commitments	Rev. 006
HP/1/B/1009/015	Unit 1 Nuclear Post-Accident Containment Air Sampling System Operating Procedure	DELETED
HP/2/B/1009/015	Unit 2 Nuclear Post-Accident Containment Air Sampling System Operating Procedure	DELETED
HP/0/B/1009/016	Distribution of Potassium Iodide Tablets in the Event of a Radioiodine Release	Rev. 003
HP/0/B/1009/020	Manual Procedure for Offsite Dose Projections	DELETED
HP/0/B/1009/021	Estimating Food Chain Doses Under Post-Accident Conditions	Rev. 001
HP/0/B/1009/022	Accident and Emergency Response	Rev. 003
HP/0/B/1009/023	Environmental Monitoring for Emergency Conditions	Rev. 005
HP/0/B/1009/024	Personnel Monitoring for Emergency Conditions	Rev. 002
HP/0/B/1009/029	Initial Response On-Shift Dose Assessment	Rev. 006
SH/0/B/2005/001	Emergency Response Offsite Dose Projections	Rev. 001
SH/0/B/2005/002	Protocol for the Field Monitoring Coordinator During Emergency Conditions	Rev. 002
SR/0/B/2000/01	Standard Procedure for Public Affairs Response to the Emergency Operations Facility	Rev. 003
SR/0/B/2000/002	Standard Procedure for EOF Commodities and Facilities	Rev. 002
SR/0/B/2000/003	Activation of the Emergency Operations Facility	Rev. 009
SR/0/B/2000/004	Notification to States and Counties from the Emergency Operations Facility	Rev. 005

EMERGENCY PLAN IMPLEMENTING PROCEDURES INDEX

<u>PROCEDURE #</u>	<u>TITLE</u>	<u>REVISION NUMBER</u>
McGuire Site Directive 280	Site Assembly/Accountability and Evacuation/Containment Evacuation	DELETED
EP Group Manual	Section 1.1 Emergency Organization	Rev. 017
MNS RP Manual:	Section 18.1 Accident and Emergency Response	DELETED
	Section 18.2 Environmental Monitoring for Emergency Conditions	DELETED
	Section 18.3 Personnel Monitoring for Emergency Conditions	DELETED
	Section 18.4 Planned Emergency Exposure	DELETED
PT/0/A/4600/088	Functional Check of Emergency Vehicle and Equipment	Rev. 007

Duke Power Company
PROCEDURE PROCESS RECORD(1) ID No. RP/0/A/5700/001
Revision No. 017

PREPARATION

(2) Station MCGUIRE NUCLEAR STATION(3) Procedure Title Notification of Unusual Event(4) Prepared By J M Coake Date 7-22-02

(5) Requires NSD 228 Applicability Determination?

☐ Yes (New procedure or revision with major changes)☐ No (Revision with minor changes)☐ No (To incorporate previously approved changes)(6) Reviewed By J M Coake (QR) Date 9/5/02Cross-Disciplinary Review By _____ (QR) NA 9/5/02 Date 9/5/02Reactivity Mgmt. Review By _____ (QR) NA 9/5/02 Date 7/5/02Mgmt. Involvement Review By _____ (Ops Supt.) NA 9/5/02 Date 9/5/02

(7) Additional Reviews

Reviewed By _____ Date _____

Reviewed By _____ Date _____

(8) Temporary Approval (if necessary)

By _____ (OSM/QR) Date _____

By _____ (QR) Date _____

(9) Approved By R. L. Murray Date 10-1-02

PERFORMANCE (Compare with Control Copy every 14 calendar days while work is being performed.)

(10) Compared with Control Copy _____ Date _____

Compared with Control Copy _____ Date _____

Compared with Control Copy _____ Date _____

(11) Date(s) Performed _____

Work Order Number (WO#) _____

COMPLETION

(12) Procedure Completion Verification

☐ Yes ☐ NA Check lists and/or blanks initialed, signed, dated, or filled in NA, as appropriate?☐ Yes ☐ NA Required enclosures attached?☐ Yes ☐ NA Data sheets attached, completed, dated, and signed?☐ Yes ☐ NA Charts, graphs, etc. attached dated, identified, and marked?☐ Yes ☐ NA Procedure requirements met?

Verified By _____ Date _____

(13) Procedure Completion Approved _____ Date _____

(14) Remarks (Attach additional pages, if necessary)

Duke Power Company McGuire Nuclear Station Notification of Unusual Event Reference Use	Procedure No. RP/0/A/5700/001
	Revision No. 017
	Electronic Reference No. MC0048M4

Unusual Event

1. Symptoms

Events are in process or have occurred which indicate a potential degradation of the level of safety of the plant.

2. Immediate Actions

NOTE: The Immediate Actions and part of the Subsequent Actions have been separated into position specific enclosures to enhance timely completion and consistent execution.

_____ 2.1 The following Enclosures should be given to the appropriate personnel:

- The OSM should execute Enclosure 4.7 (OSM Immediate and Subsequent Actions) in a timely manner.
- The WCC SRO, or another SRO designated by the OSM should execute Enclosure 4.8 (WCC SRO Immediate and Subsequent Actions) in a timely manner.
- The STA should execute Enclosure 4.9 (STA Immediate and Subsequent Actions) in a timely manner.

3. Subsequent Actions

3.1 Follow-up Notifications

- NOTE:** 1. Follow-up messages of a lesser classification should never be approved after an upgrade to a new classification is declared. Emphasis should be placed on providing current information and **not** on providing a follow-up just to meet follow-up deadline. **IF** a follow-up is due and an upgrade in classification is declared, **THEN** the Off-Site Agency Communicators should contact the agencies that the pending follow-up is being superseded by an upgrade in classification and information will be provided within 15 minutes of the upgrade.
2. Enclosure 4.4 has instructions for completion and transmission of follow-up notifications.

- _____ 3.1.1 The Emergency Coordinator shall make follow-up notifications to State and County authorities utilizing Enclosure 4.1, (Emergency Notification Form):
- Every four hours until the emergency is terminated
 - OR**
 - If there is any significant change to the situation
 - OR**
 - As agreed upon with each individual agency. Documentation shall be maintained for any agreed upon schedule change.
- _____ 3.1.2 Complete Enclosure 4.1, (Emergency Notification Form) in accordance with Enclosure 4.4, Section 1.
- _____ 3.1.3 Make follow-up notification to State and County authorities using the Emergency Notification Form in accordance with Enclosure 4.4, Section 2.

- ____ 3.2 Ensure completion of Enclosure 4.6 (Emergency Coordinator / Emergency Operations Facility Director Turnover Checklist) prior to turnover of Emergency Coordinator responsibilities.

NOTE: A TSC preprogrammed fax button is available on the control room fax machine.

IF a classification change is recognized during turnover, the turnover should not be completed until after the Control Room declares and transmits the notification to the offsite agencies. {PIP-M-00-00541}

- 3.3 **WHEN** TSC Emergency Coordinator is ready to receive turnover, **THEN** perform one of the following to facilitate turnover:

____ • Hand deliver turnover sheet to the TSC Emergency Coordinator.

OR

____ • Fax turnover sheet to the TSC.

- 3.4 Using Section D of the Emergency Plan (EAL Basis), assess the emergency condition:

____ 3.4.1 Remain in an Unusual Event.

____ 3.4.2 Escalate to a more severe class.

____ 3.4.3 Terminate the emergency.

3.5 **Termination Notifications**

NOTE: Enclosure 4.5 has instructions for completion and transmission of termination notifications.

____ 3.5.1 Complete Enclosure 4.1, (Emergency Notification Form) in accordance with Enclosure 4.5, Section 1.

____ 3.5.2 Make termination notification to State and County authorities using the Emergency Notification Form in accordance with Enclosure 4.5, Section 2.

____ 3.5.3 **IF** the Technical Support Center was not activated, **THEN** notify the NRC Operations Center that the event has been terminated using the ENS.

NRC Operations Officer Contacted

Date

Time

- _____ 3.6 Assign an individual from the Emergency Planning Staff to follow up with an LER, or written summary to the State and County authorities within 30 days.

Person assigned responsibility _____.

4. Enclosures

- 4.1 Emergency Notification Form
- 4.2 Initial Notification Completion/Transmission
- 4.3 NRC Event Notification Worksheet
- 4.4 Follow-up Notification Completion/Transmission
- 4.5 Termination Notification Completion/Transmission
- 4.6 Emergency Coordinator / Emergency Operations Facility Director Turnover Checklist
- 4.7 OSM Immediate and Subsequent Actions {PIP 0-M97-4638}
- 4.8 WCC SRO Immediate and Subsequent Actions {PIP 0-M97-4638}
- 4.9 STA Immediate and Subsequent Actions {PIP 0-M97-4638}

EMERGENCY NOTIFICATION

1. ☒ THIS IS A DRILL ☐ ACTUAL EMERGENCY ☐ INITIAL ☐ FOLLOW-UP MESSAGE NUMBER _____

2. SITE: McGuire Nuclear Site UNIT: _____ REPORTED BY: _____

3. TRANSMITTAL TIME/DATE: _____ / _____ / _____ (Eastern) mm dd yy CONFIRMATION PHONE NUMBER: (704) 875-6044

4. AUTHENTICATION (If Required): _____ (Number) _____ (Codeword)

5. EMERGENCY CLASSIFICATION:

☒ NOTIFICATION OF UNUSUAL EVENT ☐ ALERT ☐ SITE AREA EMERGENCY ☐ GENERAL EMERGENCY

6. ☒ Emergency Declaration At: ☐ Termination At: TIME/DATE: _____ / _____ / _____ (Eastern) mm dd yy (If B, go to item 16.)

7. EMERGENCY DESCRIPTION/REMARKS: _____

8. PLANT CONDITION: ☒ IMPROVING ☐ STABLE ☐ DEGRADING

9. REACTOR STATUS: ☒ SHUTDOWN: TIME/DATE: _____ / _____ / _____ (Eastern) mm dd yy ☐ _____ % POWER

10. EMERGENCY RELEASE(S):

☒ NONE (Go to item 14.) ☐ POTENTIAL (GO TO ITEM 14.) ☐ IS OCCURRING ☐ HAS OCCURRED

**11. TYPE OF RELEASE: ☐ ELEVATED ☐ GROUND LEVEL

☒ AIRBORNE: Started: _____ / _____ / _____ Time (Eastern) Date Stopped: _____ / _____ / _____ Time (Eastern) Date

☐ LIQUID: Started: _____ / _____ / _____ Time (Eastern) Date Stopped: _____ / _____ / _____ Time (Eastern) Date

**12. RELEASE MAGNITUDE: ☐ CURIES PER SEC. ☐ CURIES NORMAL OPERATING LIMITS: ☐ BELOW ☐ ABOVE

☒ NOBLE GASES _____ ☐ IODINES _____

☐ PARTICULATES _____ ☐ OTHER _____

**13. ESTIMATE OF PROJECTED OFFSITE DOSE: ☐ NEW ☐ UNCHANGED PROJECTION TIME: _____ (Eastern)

	TEDE mrem	Thyroid CDE mrem	ESTIMATED DURATION: _____ HRS.
SITE BOUNDARY	_____	_____	
2 MILES	_____	_____	
5 MILES	_____	_____	
10 MILES	_____	_____	

**14. METEOROLOGICAL DATA: ☒ WIND DIRECTION (from) _____ ° ☐ SPEED (mph) _____

☐ STABILITY CLASS _____ ☐ PRECIPITATION (type) _____

15. RECOMMENDED PROTECTIVE ACTIONS:

☒ NO RECOMMENDED PROTECTIVE ACTIONS

☐ EVACUATE _____

☐ SHELTER IN-PLACE _____

☐ OTHER _____

Emergency
Coordinator

APPROVED BY: _____ (Name) _____ (Title) TIME/DATE: _____ (Eastern) mm dd yy

* If items 8-14 have not changed, only items 1-7 and 15-16 are required to be completed.

** Information may not be available on initial notifications.

GOVERNMENT AGENCIES NOTIFIED

Record the name, date, time and agencies notified:

1. (name) _____
(date) _____ (time) _____
NC State
(agency) EOC Sel Sig. 314
EOC Bell Line (919) 733-3943
2. (name) _____
(date) _____ (time) _____
Mecklenburg County
(agency) WP Sel Sig. 116
WP Bell line 943-6200
3. (name) _____
(date) _____ (time) _____
Gaston County
(agency) WP Sel Sig. 112
WP Bell Line (704) 866-3300
4. (name) _____
(date) _____ (time) _____
Lincoln County
(agency) WP Sel Sig. 113
WP Bell line (704) 735-8202
5. (name) _____
(date) _____ (time) _____
Iredell County
(agency) WP Sel Sig. 114
WP Bell line (704) 878-3039
6. (name) _____
(date) _____ (time) _____
Catawba County
(agency) WP Sel Sig. 118
WP Bell line (828) 464-3112
7. (name) _____
(date) _____ (time) _____
Cabarrus County
(agency) WP Sel Sig. 119
WP Bell line (704) 788-3108

1. Completion of the Emergency Notification Form

NOTE: ONLY Items 1 - 10, 15 and 16 are required.
Items 11 - 14 may be skipped.

1.1 Complete Enclosure 4.1 (Emergency Notification Form) as follows:

NOTE: Message #'s should be sequentially numbered throughout the drill/emergency.

Item 1 Check A for Drill OR B for Actual Emergency AND
Check INITIAL AND
Write in message number.

NOTE: Certain events could occur at the plant site such that both units are affected. These may include: Enclosure 4.3 (Abnormal Rad Levels/Radiological Effluent), Enclosure 4.6 (Fires/Explosions and Security Events) and Enclosure 4.7 (Natural Disasters, Hazards and Other Conditions Affecting Plant Safety) from RP/0/A/5700/000, (Classification of Emergency). Consider this when completing the "unit designation" on line 2 of the Emergency Notification Form. {PIP 0-M97-4638}

NOTE: REPORTED BY: is the Communicator's name.

Item 2 Write in the unit(s) AND Communicator's name.

NOTE: Information for Items 3 and 4 will be completed during transmission of the Emergency Notification Form.

Item 3 Write in the transmittal time AND date.

Item 4 Write in appropriate number AND codeword.

Item 5 Check A for NOTIFICATION OF UNUSUAL EVENT.

Item 6 Check A for Emergency Declaration At: AND
Write the time AND date the classification was declared.

NOTE: Reference RP/0/A/5700/000, (Classification of Emergency)

_____ Item 7 Enter EAL Number and Emergency Description of the reason for declaring the emergency classification (in layman's terms, if possible). **DO NOT** use system abbreviations, acronyms or jargon which may cause confusion. Instead, write out the description in long hand. Be sensitive to the fact that certain descriptive technical terms may elicit unanticipated reactions from others. {PIP 0-M98-2065}

_____ Item 8 Check the appropriate plant condition. {PIP 0-M97-4210 NRC-1}

- A **Improving:** Emergency conditions are improving in the direction of a lower classification or termination of the event.
- B **Stable:** The emergency situation is under control. Emergency core cooling systems, equipment, plans, etc., are operating as designed.
- C **Degrading:** Given current and projected plant conditions/equipment status, recovery efforts are not expected to prevent entry into a higher emergency classification or the need to upgrade offsite Protective Action Recommendations.

_____ Item 9 Check A SHUTDOWN **AND** write the time and date of Reactor Shutdown

OR

Check B **AND** write in the Reactor Power level.

Initial Notification Completion/Transmission Page 3 of 9

- NOTE:**
1. An emergency release is any unplanned, quantifiable discharge to the environment associated with a declared emergency event. (This definition is based on an NRC commitment made on 11/30/90 following McGuire's Steam Generator Tube Rupture.) {PIP 0-M97-4256}
 2. Notify the OSM if box C or box D is checked.
 3. Base the determination of emergency release on:
 - EMF readings,
 - containment pressure and other indications,
 - field monitoring results,
 - knowledge of the event and its impact on systems operation and resultant release paths.
 4. An emergency release is occurring if any one or more of the following bulleted conditions are met associated with a declared emergency:
 - Either containment particulate, gaseous, iodine monitor (EMFs 38, 39 and/or 40) readings indicate an increase in activity,
OR
Containment monitor (EMFs 51A and/or 51B) readings indicate greater than 1.5R/hr
AND
Either containment pressure is greater than 0.3 psig,
OR
An actual containment breach is known to exist.
 - Unit vent particulate, gaseous, iodine monitor (EMFs 35, 36, and/or 37) readings indicate an increase in activity.
 - Condenser air ejector exhaust monitor (EMF 33) or other alternate means indicate Steam Generator tube leakage.
 - Confirmed activity in the environment reported by Field Monitoring Team(s).
 - Knowledge of the event and its impact on systems operation and resultant release paths.

Item 10 Check the appropriate box for emergency release.

- **A NONE:** clearly no emergency release is occurring or has occurred.
- **B POTENTIAL:** discretionary option for the EC or EOFD.
- **C IS OCCURRING:** meets the specified conditions.
- **D HAS OCCURRED:** previously met the specified conditions.

Initial Notification Completion/Transmission Page 4 of 9

Item 15 Check A, NO RECOMMENDED PROTECTIVE ACTIONS.

Item 16 Have the Emergency Coordinator approve the message AND
Write in the time AND date the message was approved.

2. TRANSMISSION OF THE EMERGENCY NOTIFICATION FORM

- NOTE:**
1. All initial notifications are verbal. Avoid using abbreviations or jargon likely to be unfamiliar to the State and Counties. If any information is not available or not applicable, write out "Not Available" or "Not Applicable" in the margin or other space as appropriate. Do not abbreviate "N.A.".
 2. The backup means of communications are the Bell line or County Emergency Response Radio. RP/0/A/5700/014, Enclosure 4.1 is available for needed backup numbers.
 3. Refer to page 5 of 9 and 6 of 9 of this enclosure for instructions on how to use the County Emergency Response Radio if selective signaling or Bell line is not available.

2.1 **IF** an upgrade in classification occurs prior to transmitting the initial message, **THEN** discard ENF paperwork and proceed to higher classification procedure. {PIP-M-01-3711}

2.2 **IF** an upgrade in classification occurs while transmitting any message, **THEN:**

- a) Notify agencies that an upgrade has occurred, and that new information will be supplied within 15 minutes.
- b) Suspend any further transmission of the message that was being transmitted. {PIP-M-01-3711}

2.3 Use the Selective Signaling telephone by dialing *1 and depressing the push to talk button.

2.4 **IF** Selective Signaling Group Call fails, **THEN** go to RP/0/A/5700/014, Enclosure 4.1 for manual selective signaling numbers.

NOTE: The time when the first party is contacted should be recorded on Line 3.

2.5 As the State and Counties answer, check them off on the back of the notification form. At least one attempt using the individual selective signaling code must be made for any missing agencies. **Proceed with the notification promptly following an attempt to get missing agencies on the line.**

2.6 Check the State and Counties are on the line, document this time in item #3 on the form. This time should not exceed 15 minutes from the time of declaration (Item # 6).

2.7 Tell them you have an emergency notification from the McGuire Control Room and to get out the Emergency Notification Form.

Initial Notification Completion/Transmission Page 5 of 9

- 2.8 Read the complete message slowly, line by line, beginning with Item # 1, allowing ample time to copy.

NOTE: Refer to page 7 of 9 of this enclosure for the authentication codeword list.

- 2.9 When you reach item #4, ask the State or a County to authenticate the message. The agency should give you a number and you should provide the appropriate codeword. Write the number and codeword on the form.
- 2.10 After communicating the initial message, ask if there are any questions. Record individuals' names and times on the back of the form. This time is the same time as Item #3.
- 2.11 After verbally transmitting the message, FAX a copy (front page only) to the agencies. Refer to pages 8 of 9 and 9 of 9 of this enclosure for FAX operation.
- 2.12 Continuous attempts to contact missing agencies must be made if unable to complete the notification per step 2.3. Document the time these agencies were contacted on the back of the notification form.

COUNTY EMERGENCY RESPONSE RADIO

NOTE: This radio will only contact the County warning points. The State cannot be contacted on this radio. Have one of the Counties relay the message to the State.

Group Call:

1. Press **20** to activate all County radio units.
2. When the ready light comes on, press the bar on the transmitter microphone and say:

"This is McGuire Control Room to all Counties, do you copy?"

Once all Counties respond, begin transmitting the message, using steps 2.5 through 2.12 of this enclosure.

Proceed with the notification promptly following an attempt to get missing agencies on the air.

NOTE: RP/0/A/5700/014, Enclosure 4.1 is available for needed individual radio codes.

- _____ 3. If a County fails to respond on the group call, press their individual code on the encoder and say:

"This is McGuire Control Room to (Agency you are calling), do you copy?"

Once the County responds, begin transmitting the message, using steps 2.5 through 2.12 of this enclosure.
- _____ 4. After you have finished transmitting the message, conclude the message by saying:
"This is WQC700 base clear."
- _____ 5. Continuous attempts to contact missing agencies must be made if unable to complete the notification per step 2. Document the time these agencies were contacted on the back of the notification form.

AUTHENTICATION CODEWORD LIST

This page is left intentionally blank.

OPERATION OF THE FAX**A. GROUP FAX**

- NOTE:**
1. The FAX will dial each agency in sequence. If the FAX is busy, it will try again after completing the other calls.
 2. This sends a FAX to all County Warning Points, State EOC, TSC, EOF, News Group and JIC.

- _____ 1. Insert the Emergency Notification Form face down into the FAX.
- _____ 2. Press "GROUP FAX" button.
- _____ 3. Press "SEND/RECEIVE" button.

B. INDIVIDUAL FAX

- _____ 1. Insert the Emergency Notification Form face down into the FAX.
- _____ 2. Select location(s) to receive the fax:
 - _____ • Press News Group.
 - _____ • Press TSC.
 - _____ • Press State of North Carolina EOC.
 - _____ • Press Mecklenburg County Warning Point.
 - _____ • Press Gaston County Warning Point.
 - _____ • Press Lincoln County Warning Point.
 - _____ • Press Iredell County Warning Point.
 - _____ • Press Catawba County Warning Point.
 - _____ • Press Cabarrus County Warning Point.
 - _____ • Press EOF.
 - _____ • Press JIC.
- _____ 3. **WHEN** the appropriate individual location is selected, **THEN** press the "SEND/RECEIVE" button.

NOTE: RP/0/A/5700/014, Enclosure 4.1 is available for needed manual FAX numbers.

C. To send a FAX to a single location dialing manually:

- _____ 1. Insert the document face down into the FAX.
- _____ 2. Using the keypad, dial the number that you wish to call.
- _____ 3. Press "SEND/RECEIVE" button.

NRC Event Notification Worksheet

Page 1 of 2

DATE "THIS IS THE McGUIRE NUCLEAR SITE IN NRC REGION 2 MAKING AN EVENT NOTIFICATION REPORT"						
NOTIFICATION TIME/DATE		UNIT	CALLER'S NAME		CALLBACK TELEPHONE # ENS 1-888-270-0173 or (704) - 875-6044	
EVENT TIME & ZONE ____ (time) <u>Region II</u> (zone)		EVENT DATE	POWER/MODE BEFORE		POWER/MODE AFTER	

EVENT CLASSIFICATIONS	1-Hr Non-Emergency 10 CFR 50 72(b)(1)	8-Hr Non-Emergency 10CFR 50 72(b)3
GENERAL EMERGENCY	(50 72 b1 (I)(B)) TS Deviation	(50 72 b3 (II)(A)) Degraded Condition
SITE AREA EMERGENCY		(50 72 b3 (II)(B)) Unanalyzed Condition
ALERT		(50 72 b3 (IV)(A)) Valid Actuation of System listed in Encl 4 3.
UNUSUAL EVENT		(50 72 b3 (V)(A)) Safe S/D Capability
50 72 NON-EMERGENCY	1 Hr Non-Emergency	(50 72 b3 (V)(B)) RHR Capability
PHYSICAL SECURITY (73 71)	(70 52) (a) and (b) Accidental Criticality OR (72 74) (a) Loss or theft of SNM	(50 72 b3 (V)(C)) Control of Rad Release
TRANSPORTATION (10 CFR 20)	(50 36) Violation of a safety limit	(50 72 b3 (V)(D)) Accident Mitigation
MATERIAL/EXPOSURE (10 CFR 20)	MNS Facility Operating License Conditions	(50 72 b3 (X)(III)) Lost ENS
OTHER		(50 72 b3 (X)(III)) Lost Other Assess./Comms
		(50 72 b3 (X)(III)) Emergency Siren INOP
		(50 72 b3 (XII)) Offsite Medical

4-Hr Non-Emergency 10 CFR 50 72(b)(2)	24-Hr. Non-Emergency
(50 72 b2 (I)) TS Required S/D	McGuire Facility Operating License Conditions
(50 72 b2 (IV)(A)) ECCS Discharge to RCS	Material/Exposure (10CFR20)
(50 72 b2 (IV)(B)) RPS Actuation - critical scram	26 73 Significant events involving fitness for duty
(50 72 b2 (XI)) Offsite Notification	(72 75)(c1) Contamination event restrictions.
(72 75)(b1) Rad exposure & release action impairment	(72 75)(c2) Fuel Storage equipment failure.
(72 75)(b2) Spent Fuel Storage SSC defect	
(72 75)(b3) Spent Fuel Storage degradation	
(72 75)(b4) Fuel Storage License deviation	
(72 75)(b5) Fuel Storage related offsite medical	
(72 75)(b6) Fire/Explosion damage to Spent Fuel Storage.	

EVENT DESCRIPTION			
Include: Systems affected, actuations & their initiating signals, causes, effect of event on plant, actions taken or planned, etc.			
Continue on Enclosure 4 3 page 2 of 2 if necessary.			

NOTIFICATIONS	YES	NO	WILL BE	ANYTHING UNUSUAL OR NOT UNDERSTOOD? <input type="checkbox"/> YES <input type="checkbox"/> NO
NRC RESIDENT				(Explain above)
STATE(s)				DID ALL SYSTEMS FUNCTION AS REQUIRED YES <input type="checkbox"/> <input type="checkbox"/> NO
LOCAL				(Explain above)
OTHER GOV AGENCIES				MODE OF OPERATION EST. RESTART ADDITIONAL INFOR ON BACK
MEDIA/PRESS RELEASE				UNTIL CORRECTED DATE <input type="checkbox"/> YES <input type="checkbox"/> NO

APPROVED BY: _____ TIME/DATE: _____ / / _____
 Operations Shift Manager/Emergency Coordinator (eastern) mm dd yy

NRC Event Notification Worksheet

Page 2 of 2

RADIOLOGICAL RELEASES CHECK OR FILL IN APPLICABLE ITEMS (specific details/explanations should be covered in event description)							
LIQUID RELEASE	GASEOUS RELEASE	UNPLANNED RELEASE	PLANNED RELEASE	ONGOING	TERMINATED		
MONITORED	UNMONITORED	OFFSITE RELEASE	T.S EXCEEDED	RM ALARMS	AREAS EVACUATED		
PERSONNEL EXPOSED OR CONTAMINATED		OFFSITE PROTECTIVE ACTIONS RECOMMENDED			State release path in description		

NOTE: Contact Radiation Protection Shift to obtain the following information

IF the notification is due and the information is not available,
THEN mark "Not Available" and complete the notification

	Release Rate (Ci/sec)	% T.S. LIMIT	HOO GUIDE	Total Activity (Ci)	% T.S. LIMIT	HOO GUIDE
Noble Gas			0.1 Ci/sec			1000 Ci
Iodine			10 uCi/sec			0.01 Ci
Particulate			1 uCi/sec			1 mCi
Liquid (excluding tritium & dissolved noble gases)			10 uCi/min			0.1 Ci
Liquid (tritium)			0.2 Ci/min			5 Ci
Total Activity						

RECORD MONITORS IN ALARM	PLANT STACK (EMF 35, 36, 37)	CONDENSER/ AIR EJECTOR (EMF 33)	MAIN STEAM LINE (UNIT 1-EMF 24,25,26,27 UNIT 2-EMF 10, 11, 12,13)	SG BLOWDOWN (EMF 34)	OTHER
RAD MONITOR READINGS					
ARM SETPOINTS: TRIP II					
T.S. LIMIT (If applicable)		NOT APPLICABLE		NOT APPLICABLE	

RCS OR SG TUBE LEAKS CHECK OR FILL IN APPLICABLE ITEMS (specific details/explanations should be covered in event description)			
LOCATION OF THE LEAK (e.g. SG#, valve, pipe, etc.)			
LEAK RATE: gpm/gpd	T.S. LIMITS EXCEEDED	SUDDEN OR LONG TERM DEVELOPMENT:	
LEAK START DATE:	TIME:	COOLANT ACTIVITY: PRIMARY (Last Sample)	SECONDARY
		Xe eq _____ mCi/ml	Xe eq _____ mCi/ml
		Iodine eq _____ mCi/ml	Iodine eq _____ mCi/ml
LIST OF SAFETY RELATED EQUIPMENT NOT OPERATIONAL:			

EVENT DESCRIPTION (Continued from Enclosure 4.3 page 1 of 2)

**Follow-Up Notification
Completion/Transmission**

Page 1 of 6

1. Completion of the Emergency Notification Form

NOTE: If items 8 - 14 have not changed from the previous message, only items 1 - 7, 15 and 16 are required to be completed. Avoid using abbreviations or jargon likely to be unfamiliar to the State and Counties. If any information is not available or not applicable, write out "Not Available" or "Not Applicable" in the margin or other space as appropriate. Do not abbreviate "N.A.".

1.1 Complete Enclosure 4.1 (Emergency Notification Form as follows):

NOTE: Message #'s should be sequentially numbered throughout the drill/emergency.

____ Item 1 Check A for Drill OR B for Actual Emergency AND
Check FOLLOW-UP AND
Write in message number.

NOTE: Certain events could occur at the plant site such that both units are affected. These may include: Enclosure 4.3 (Abnormal Rad Levels/Radiological Effluent), Enclosure 4.6 (Fires/Explosions and Security Events) and Enclosure 4.7 (Natural Disasters, Hazards and Other Conditions Affecting Plant Safety) from RP/0/A/5700/000, (Classification of Emergency). Consider this when completing the "unit designation" on line 2 of the Emergency Notification Form. {PIP 0-M97-4638}

NOTE: REPORTED BY: is the Communicator's name.

____ Item 2 Write in the unit(s) AND Communicator's name.

NOTE: Transmittal time is the time you FAX the form to the agencies.

____ Item 3 Write in the transmittal time AND date.

____ Item 4 Authentication is not required when faxing.

____ Item 5 Check A for NOTIFICATION OF UNUSUAL EVENT.

____ Item 6 Check A for Emergency Declaration At: AND
Write the time AND date the classification was declared.

**Follow-Up Notification
Completion/Transmission**

Page 2 of 6

NOTE: Reference RP/0/A/5700/000, (Classification of Emergency)

_____ Item 7 Enter EAL Number and Emergency Description of the reason for declaring the emergency classification (in layman's terms, if possible). **DO NOT** use system abbreviations, acronyms or jargon which may cause confusion. Instead, write out the description in long hand. Be sensitive to the fact that certain descriptive technical terms may elicit unanticipated reactions from others. {PIP 0-M98-2065}

In addition, provide a description of changes in plant conditions since the last notification. Items to be considered for inclusion are as follows: {PIP 0-M98-2065}

- Other unrelated classifiable events (for example, during an Alert, an event which, by itself would meet the conditions for an Unusual Event)
- Major/Key Equipment Out of Service
- Emergency response actions underway
- Fire(s) onsite
- Flooding related to the emergency
- Explosions
- Loss of Offsite Power
- Core Uncovery
- Core Damage
- Medical Emergency Response Team activation related to the emergency
- Personnel injury related to the emergency or death
- Transport of injured individuals offsite - specify whether contaminated or not
- Site Evacuation/relocation of site personnel
- Saboteurs/Intruders/Suspicious devices/Threats
- Chemical or Hazardous Material Spills or Releases
- Extraordinary noises audible offsite
- Any event causing/requiring offsite agency response
- Any event causing increased media attention
- Remember to "close the loop" on items from previous notifications.

**Follow-Up Notification
Completion/Transmission**

Page 3 of 6

____ Item 8

Check the appropriate plant condition. {PIP M-097-4210 NRC-1}

- A. **Improving:** Emergency conditions are improving in the direction of a lower classification or termination of the event.
- B. **Stable:** The emergency situation is under control. Emergency core cooling systems, equipment, plans, etc., are operating as designed.
- C. **Degrading:** Given current and projected plant conditions/equipment status, recovery efforts are not expected to prevent entry into a higher emergency classification or the need to upgrade offsite Protective Action Recommendations.

____ Item 9

Check A SHUTDOWN AND write the time and date of Reactor ShutdownORCheck B AND write in the Reactor Power level.

**Follow-Up Notification
Completion/Transmission**

Page 4 of 6

- NOTE:**
1. An emergency release is any unplanned, quantifiable discharge to the environment associated with a declared emergency event. (This definition is based on an NRC commitment made on 11/30/90 following McGuire's Steam Generator Tube Rupture.) {PIP 0-M97-4256}
 2. Notify the OSM if box C or box D is checked.
 3. Base the determination of emergency release on:
 - EMF readings,
 - containment pressure and other indications,
 - field monitoring results,
 - knowledge of the event and its impact on systems operation and resultant release paths.
 4. An emergency release is occurring if any one or more of the following bulleted conditions are met associated with a declared emergency:
 - Either containment particulate, gaseous, iodine monitor (EMFs 38, 39 and/or 40) readings indicate an increase in activity,

OR

Containment monitor (EMFs 51A and/or 51B) readings indicate greater than 1.5R/hr,

AND

Either containment pressure is greater than 0.3 psig,

OR

An actual containment breach is known to exist.
 - Unit vent particulate, gaseous, iodine monitor (EMFs 35, 36, and/or 37) readings indicate an increase in activity.
 - Condenser air ejector exhaust monitor (EMF 33) or other alternate means indicate Steam Generator tube leakage.
 - Confirmed activity in the environment reported by Field Monitoring Team(s).
 - Knowledge of the event and its impact on systems operation and resultant release paths.

Item 10 Check the appropriate box for emergency release.

- A **NONE:** clearly no emergency release is occurring or has occurred.
- B **POTENTIAL:** discretionary option for the EC or EOFD.
- C **IS OCCURRING:** meets the specified conditions.
- D **HAS OCCURRED:** previously met the specified conditions.

**Follow-Up Notification
Completion/Transmission**

Page 5 of 6

_____ 1.2 **IF** follow-up notification is due and information for Items 11 through 14 cannot be obtained from RP shift, **THEN** mark each item "Not Available" and go to Item 15.

_____ Item 11 Check GROUND LEVEL **AND**
Check A for AIRBORNE **OR** B for LIQUID **AND**
Write in the time **AND** date the release started **AND** stopped if available.

_____ Item 12 Check CURIES PER SECOND **AND**
Check BELOW **OR** ABOVE normal operating limits **AND**
Check the appropriate blocks A, B, C, D **AND** write in the value(s).

NOTE: If unchanged from the previous notification, the information does not have to be repeated.

_____ Item 13 Check NEW **OR** UNCHANGED **AND**
Write in the projection time **AND**
Write in the estimated duration **AND**
Write in the TEDE and Thyroid CDE values.

_____ Item 14 Check A, B, C, D **AND** provide values for each.

_____ Item 15 Check A, NO RECOMMENDED PROTECTIVE ACTIONS.

_____ Item 16 Have the Emergency Coordinator approve the message **AND**
Write in the time **AND** date the message was approved.

**Follow-Up Notification
Completion/Transmission**

Page 6 of 6

2. Transmission of the Emergency Notification Form

NOTE: For routine, follow-up notifications, FAX a copy of the notification form instead of verbally transmitting the message (front page only). This applies only if the message does not involve a change in the emergency classification or the protective action recommendations or a termination of the emergency. Call each agency to verify they received the message.

- _____ 2.1 Insert the Emergency Notification Form (front page only) face down into the FAX.
- _____ 2.2 Press "GROUP FAX" button.
- _____ 2.3 Press "SEND/RECEIVE" button.
- _____ 2.4 **IF** programmed functions fail, **THEN** go to RP/0/A/5700/014, Enclosure 4.1 for manual FAX numbers.
- _____ 2.5 Ensure the State and Counties received the FAX by calling them.
- _____ 2.6 Ask if there are any questions on the Emergency Notification Form, then record individuals' names and times on the back of the form.

**Termination Notification
Completion/Transmission**

Page 1 of 6

1. Completion of the Emergency Notification Form

NOTE: A termination message should be marked as FOLLOW-UP on the Emergency Notification Form.

1.1 Complete Enclosure 4.1 (Emergency Notification Form) as follows:

____ Item 1 Check A for Drill OR B for Actual Emergency AND
Check FOLLOW-UP AND
Write in message number.

NOTE: Certain events could occur at the plant site such that both units are affected. These may include: Enclosure 4.3 (Abnormal Rad Levels/Radiological Effluent), Enclosure 4.6 (Fires/Explosions and Security Events) and Enclosure 4.7 (Natural Disasters, Hazards and Other Conditions Affecting Plant Safety) from RP/0/A/5700/000, (Classification of Emergency). Consider this when completing the "unit designation" on line 2 of the Emergency Notification Form. {PIP 0-M97-4638}

NOTE: REPORTED BY: is the Communicator's name.

____ Item 2 Write in the unit(s) AND Communicator's name.

NOTE: Information for Items 3 and 4 will be completed during transmission of the Emergency Notification Form.

____ Item 3 Write in the transmittal time AND date.

____ Item 4 Write in appropriate number AND codeword.

Item 5 Check A for NOTIFICATION OF UNUSUAL EVENT.

____ Item 6 Check B for Termination At: AND
Write the time AND date the classification was terminated.

____ Item 16 Have the Emergency Coordinator approve the message AND
Write in the time AND date the message was approved.

**Termination Notification
Completion/Transmission**

Page 2 of 6

2. Transmission of the Emergency Notification Form

- NOTE:**
1. All termination notifications are **verbal**. Avoid using abbreviations or jargon likely to be unfamiliar to the State and Counties. If any information is not available or not applicable, write out "Not Available" or "Not Applicable" in the margin or other space as appropriate. Do not abbreviate "N.A.".
 2. The backup means of communications are the Bell line or County Emergency Response Radio. RP/0/A/5700/014, Enclosure 4.1 is available for needed backup numbers.
 3. Refer to page 3 of 6 of this enclosure for instructions on how to use the County Emergency Response Radio if selective signaling or Bell line is not available.

- ___ 2.1 Use the Selective Signal telephone by dialing *1 and depressing the push to talk button.
- ___ 2.2 **IF** Selective Signaling Group Call fails, **THEN** go to RP/0/A/5700/014, Enclosure 4.1 for manual selective signaling numbers.
- ___ 2.3 As the State and Counties answer, check them off on the back of the notification form. At least one attempt using the individual selective signaling code must be made for any missing agencies. **Proceed with the notification promptly following an attempt to get missing agencies on the line.**
- ___ 2.4 Check the State and Counties are on the line, document this time in item #3 on the form.
- ___ 2.5 Tell them you have an emergency notification from the McGuire Control Room and to get out the Emergency Notification Form.
- ___ 2.6 Read the complete message slowly, line by line, beginning with Item # 1, allowing ample time to copy.

NOTE: Refer to page 4 of 6 of this enclosure for the authentication codeword list.

- ___ 2.7 When you reach item #4, ask the State or a County to authenticate the message. The agency should give you a number and you should provide the appropriate codeword. Write the number and codeword on the form.
- ___ 2.8 After communicating the message, ask if there are any questions. Record individuals' names and times on the back of the form. This time is the same time as Item #3.
- ___ 2.9 After verbally transmitting the message, FAX a copy (front page only) to the agencies. Refer to page 5 of 6 and 6 of 6 of this enclosure for FAX operation.

**Termination Notification
Completion/Transmission**

Page 3 of 6

- 2.10 Continuous attempts to contact missing agencies must be made if unable to complete the notification per step 2.3. Document the time these agencies were contacted on the back of the notification form.

COUNTY EMERGENCY RESPONSE RADIO

NOTE: This radio will only contact the County warning points. The State cannot be contacted on this radio. Have one of the Counties relay the message to the State.

Group Call:

1. Press **20** to activate all County radio units.
2. When the ready light comes on, press the bar on the transmitter microphone and say:
"This is McGuire Control Room to all Counties, do you copy?"

Once all Counties respond, begin transmitting the message using steps 2.3 through 2.10 of this enclosure.

Proceed with the notification promptly following an attempt to get missing agencies on the air.

NOTE: RP/0/A/5700/014, enclosure 4.1 is available for needed individual radio codes.

3. If a County fails to respond on the group call, press their individual code on the encoder and say:
"This is McGuire Control Room to (Agency you are calling), do you copy?"

Once the County responds, begin transmitting the message using steps 2.3 through 2.10 of this enclosure.

4. After you have finished transmitting the message, conclude the message by saying:
"This is WQC700 base clear."
5. Continuous attempts to contact missing agencies must be made if unable to complete the notification per Step 2. Document the time these agencies were contacted on the back of the notification form.

**Termination Notification
Completion/Transmission**

Page 4 of 6

AUTHENTICATION CODEWORD LIST

This page is left intentionally blank.

**Termination Notification
Completion/Transmission**

Page 5 of 6

OPERATION OF THE FAX**A. GROUP FAX**

- NOTE:** 1. The FAX will dial each agency in sequence. If the FAX is busy, it will try again after completing the other calls.
2. This sends a FAX to all County Warning Points, State EOC, TSC, EOF, News Group and JIC.

- _____ 1. Insert the Emergency Notification Form face down into the FAX.
- _____ 2. Press "GROUP FAX" button.
- _____ 3. Press "SEND/RECEIVE" button.

B. INDIVIDUAL FAX

- _____ 1. Insert the Emergency Notification Form face down into the FAX.
- _____ 2. Select location(s) to receive the fax:
 - _____ • Press News Group.
 - _____ • Press TSC.
 - _____ • Press State of North Carolina EOC.
 - _____ • Press Mecklenburg County Warning Point.
 - _____ • Press Gaston County Warning Point.
 - _____ • Press Lincoln County Warning Point.
 - _____ • Press Iredell County Warning Point.
 - _____ • Press Catawba County Warning Point.
 - _____ • Press Cabarrus County Warning Point.
 - _____ • Press EOF.
 - _____ • Press JIC.
- _____ 3. **WHEN** the appropriate individual location is selected, **THEN** press the "SEND/RECEIVE" button.

**Termination Notification
Completion/Transmission**

NOTE: RP/0/A/5700/014, Enclosure 4.1 is available for needed manual FAX numbers.

C. To send a FAX to a single location dialing manually:

- _____ 1. Insert the document face down in the FAX.
- _____ 2. Using the keypad, dial the number that you wish to call.
- _____ 3. Press "SEND/RECEIVE" button.

Emergency Coordinator / Emergency Operations Facility Director Turnover Checklist

Page 1 of 1

UNIT(S) AFFECTED:

U1

U2

{PIP-M-99-3800}

GENERAL	DATE: _____	POWER LEVEL	NCS TEMP	NCS PRESS
	TIME: _____	U-1 _____ U-2 _____	_____	_____
EMERGENCY CLASSIFICATION	NOUE DECLARED AT: _____ ALERT DECLARED AT: _____ SAE DECLARED AT: _____ G.E. DECLARED AT: _____ REASON FOR EMER CLASS: _____ _____			
	TSC ACTIVATED AT: _____ EOF ACTIVATED AT: _____			
SITE ASSEMBLY SITE EVACUATION	YES	NO	TIME	LOCATION OR COMMENTS
	SITE ASSEMBLY	_____	_____	_____
	SITE EVAC. (NON-ESSEN.)	_____	_____	_____
	SITE EVAC. (ESSENTIAL)	_____	_____	_____
	OTHER OFFSITE AGENCY INVOLVEMENT	_____	_____	_____
	MEDICAL	_____	_____	_____
	FIRE	_____	_____	_____
	POLICE	_____	_____	_____
RADIOLOGICAL	NUMBER ASSEM.	NUMBER DEPLOYED		
	FIELD MON. TEAMS	_____		
	ZONES EVAC	_____	ZONES SHELTERED	
	PARS:	_____	_____	
	YES	NO		
	RELEASE IN PROGRESS	_____		
	RELEASE PATHWAY	_____		
	CONTAINMENT PRESSURE	_____ PSIG		
OFFSITE COMMUNICATION	WIND DIRECTION	_____	WIND SPEED	_____
	NUMBER	TIME		
	LAST MESSAGE SENT:	_____	_____	
	NEXT MESSAGE DUE:	_____	_____	
NOTE: EOF COMMUNICATION CHECKS SHOULD BE COMPLETED PRIOR TO ACTIVATING THE EOF.				

OTHER NOTES RELATED TO THE ACCIDENT/EVENT/PLANT EQUIPMENT FAILED OR OUT OF SERVICE

1. Immediate Actions

Initial

_____ 1.1 The Operations Shift Manager or designee **SHALL ANNOUNCE** the event over the plant P.A. system by performing the following:

_____ 1.1.1 Turn on the outside page speakers.

NOTE:

- For drill purposes, state "This is a drill. This is a drill."
- Any plant phone in the Control Room horse shoe area or extension 4021 is programmed to access 710, site all call. {PIP 0-M98-2545}

_____ 1.1.2 Dial 710; pause, dial 80. Following the beep, announce "an Unusual Event has been declared". Provide a brief description of the event (may be written below).

_____ 1.1.3 Repeat the preceding announcement one time.

_____ 1.1.4 Turn off the outside page speakers.

_____ 1.2 **IF** valid trip II alarm occurs on any one of the following:

1 **OR** 2 EMF36(L)

1 EMF24, 25, 26, 27

2 EMF10, 11, 12, 13

THEN immediately contact RP shift at 4282 to perform HP/0/B/1009/029 (Initial Response On-Shift Dose Assessment).

_____ 1.3 **IF** box C (IS OCCURRING) or box D (HAS OCCURRED) from **Item 10** (EMERGENCY RELEASE) on Enclosure 4.1 (Emergency Notification Form) is checked, **THEN** immediately contact RP shift at 4282 to perform HP/0/B/1009/029 (Initial Response On-Shift Dose Assessment).

OSM Immediate and Subsequent Actions

Page 2 of 2

- _____ 1.4 **IF** an upgrade in classification occurs prior to transmitting the initial message, **THEN** notify the Offsite Agency Communicator to discard ENF paperwork and proceed to higher classification procedure. (PIP-M-01-3711)
- _____ 1.5 **IF** an upgrade in classification occurs while transmitting any message, **THEN** notify the Offsite Agency Communicator to perform the following:
- _____ a) Notify the agencies an upgrade has occurred, and that new information will be provided within 15 minutes.
- _____ b) Suspend any further transmission of the message that was being transmitted. {PIP-M-01-3711}

2. Subsequent Actions

<p>NOTE: Site Assembly is a required on-site protective action in response to an Alert or higher declaration. Site assembly for a Notification of Unusual Event is optional due to conditions and not expected as for an Alert or higher classification.</p>

- _____ 2.1 Refer to RP/0/A/5700/011, Conducting a Site Assembly, Site Evacuation or Containment Evacuation, to evaluate and initiate a site assembly.
- _____ 2.2 Augment shift resources to assess and respond to the emergency situation as needed.
- _____ 2.3 **GO TO** step 3.1 in the body of this procedure and continue with the prescribed subsequent actions.

**WCC SRO Immediate and Subsequent
Actions****1. Immediate Actions****Initial**

NOTE: 1. Initial notification to the State and Counties must be made within 15 minutes of the event declaration, using Enclosure 4.1.

2. Enclosure 4.2 has instructions for completion/transmission of the Emergency Notification Form.

- _____ 1.1 **IF** an upgrade in classification occurs prior to transmitting the initial message, **THEN** discard ENF paperwork and proceed to higher classification procedure. (PIP-M-01-3711)
- 1.2 **IF** an upgrade in classification occurs while transmitting an any message, **THEN**:
 - _____ a) Notify the agencies an upgrade has occurred, and that new information will be provided within 15 minutes.
 - _____ b) Suspend any further transmission of the message that was being transmitted. {PIP-M-01-3711}
- _____ 1.3 Complete items 1 -10, 15 and 16 on Enclosure 4.1 (Emergency Notification Form) in accordance with Enclosure 4.2, Section 1.
- _____ 1.4 Make initial notification to State and County authorities using the Emergency Notification Form in accordance with Enclosure 4.2, Section 2.

2. Subsequent Actions

- _____ 2.1 Notify the NRC Operations Center by completing Enclosure 4.3 and transmitting immediately but no later than 1 hour of the event declaration using RP/0/A/5700/014, Enclosure 4.2.
- _____ 2.2 Inform the OSM when this enclosure has been completed, reporting any deficiencies or problems encountered.

1. Immediate Actions

None

2. Subsequent Actions

Initial

- _____ 2.1 Notify one of the NRC Resident Inspectors using RP/0/A/5700/014, Enclosure 4.2.
- _____ 2.2 Contact Duke Management using RP/0/A/5700/014, Enclosure 4.3 as soon as possible following event declaration.
- _____ 2.3 Inform the OSM when steps 2.1 and 2.2 have been completed, reporting any deficiencies or problems.

NOTE: For an Unusual Event, the Emergency Response Organization (ERO) pagers, the Community Alert Network (CAN), and the Emergency Response Data System (ERDS) are <u>not</u> normally activated.
--

- _____ 2.4 For a security event, go to steps 2.6, 2.7, and 2.8.
- _____ 2.5 **IF** the decision is made to activate the Technical Support Center and the Operations Support Center, **THEN** activate the TSC/OSC by contacting Security via the ringdown phone to the CAS/SAS, or at extension 2688 or 4900 and issue the following message:
 - _____ 2.5.1 For a Drill "Activate the TSC/OSC pagers, McGuire Delta, Unusual Event declared at _____ (time)."
 - _____ 2.5.2 For an Emergency "Activate the TSC/OSC pagers, McGuire Echo, Unusual Event declared at _____ (time)."
AND
"Activate the CAN system."

STA Immediate and Subsequent Actions

Page 2 of 2

- _____ 2.6 For a drill, **IF** a security event exists and offsite ERO staging is desired before giving instructions to report to the TSC and OSC, **THEN** contact Security via the ringdown phone to the CAS/SAS, or at extension 2688 or 4900, and give instructions to activate the TSC/OSC, according to the Emergency Response Pager Instructions for a security event drill.
- _____ 2.7 For an actual emergency, **IF** a security event exists and offsite ERO staging is desired before giving instructions to report to the TSC/OSC, **THEN** contact Security via the ringdown phone to the CAS/SAS, or at extension 2688 or 4900, and give instructions to activate the TSC/OSC, according to the Emergency Response Pager Instructions for a security event emergency.
- _____ 2.8 When the security event is stabilized to the point that ERO members can come on site, go to step 2.5.

NOTE: For an Unusual Event, the Emergency Response Organization (ERO) pagers, the Community Alert Network (CAN), and the Emergency Response Data System (ERDS) are not normally activated.

- _____ 2.9 **IF** the decision is made to activate the Emergency Operations Facility, **THEN** activate the EOF by contacting Security via the ringdown phone to the CAS/SAS, or at extension 2688 or 4900 and issue the following message:
- _____ 2.9.1 For a Drill "Activate the EOF pagers, McGuire Delta, Unusual Event declared at _____ (time)."
- _____ 2.9.2 For an Emergency "Activate the EOF pagers, McGuire Echo, Unusual Event declared at _____ (time)."
AND
"Activate the CAN system."

Duke Power Company
PROCEDURE PROCESS RECORD(1) ID No. RP/0/A/5700/002Revision No. 017

PREPARATION

(2) Station MCGUIRE NUCLEAR STATION(3) Procedure Title Alert(4) Prepared By J M Cook Date 7-19-02

(5) Requires NSD 228 Applicability Determination?

☒ Yes (New procedure or revision with major changes)☐ No (Revision with minor changes)☐ No (To incorporate previously approved changes)(6) Reviewed By [Signature] (QR) Date 7/22/02Cross-Disciplinary Review By _____ (QR) NA 9/1 Date 7/22/02Reactivity Mgmt. Review By _____ (QR) NA 9/1 Date 7/22/02Mgmt. Involvement Review By _____ (Ops Supt.) NA 9/1 Date 7/22/02

(7) Additional Reviews

Reviewed By _____ Date _____

Reviewed By _____ Date _____

(8) Temporary Approval (if necessary)

By _____ (OSM/QR) Date _____

By _____ (QR) Date _____

(9) Approved By K.L. Murray Date 8-1-02

PERFORMANCE (Compare with Control Copy every 14 calendar days while work is being performed.)

(10) Compared with Control Copy _____ Date _____

Compared with Control Copy _____ Date _____

Compared with Control Copy _____ Date _____

(11) Date(s) Performed _____

Work Order Number (WO#) _____

COMPLETION

(12) Procedure Completion Verification

☐ Yes ☐ NA Check lists and/or blanks initialed, signed, dated, or filled in NA, as appropriate?☐ Yes ☐ NA Required enclosures attached?☐ Yes ☐ NA Data sheets attached, completed, dated, and signed?☐ Yes ☐ NA Charts, graphs, etc. attached dated, identified, and marked?☐ Yes ☐ NA Procedure requirements met?

Verified By _____ Date _____

(13) Procedure Completion Approved _____ Date _____

(14) Remarks (Attach additional pages, if necessary)

**Duke Power Company
McGuire Nuclear Station**

Alert

Reference Use

Procedure No

RP/0/A/5700/002

Revision No.

017

Electronic Reference No.

MC0048M5

Alert

1. Symptoms

Events are in process or have occurred which involve an actual or potential substantial degradation of the level of safety of the plant.

2. Immediate Actions

NOTE: The Immediate Actions and part of the Subsequent Actions have been separated into position specific enclosures to enhance timely completion and consistent execution.

_____ 2.1 The following Enclosures should be given to the appropriate personnel:

- The OSM should execute Enclosure 4.7 (OSM Immediate and Subsequent Actions) in a timely manner.
- The WCC SRO, or another SRO designated by the OSM should execute Enclosure 4.8 (WCC SRO Immediate and Subsequent Actions) in a timely manner.
- The STA should execute Enclosure 4.9 (STA Immediate and Subsequent Actions) in a timely manner.

3. Subsequent Actions

3.1 Follow-up Notifications

- NOTE:** 1. Follow-up messages of a lesser classification should never be approved after an upgrade to a new classification is declared. Emphasis should be placed on providing current information and **not** on providing a follow-up just to meet follow-up deadline. **IF** a follow-up is due and an upgrade in classification is declared, **THEN** the Off-Site Agency Communicators should contact the agencies that the pending follow-up is being superseded by an upgrade in classification and information will be provided within 15 minutes of the upgrade.
2. Enclosure 4.4 has instructions for completion and transmission of follow-up notifications.

- _____ 3.1.1 The Emergency Coordinator shall make follow-up notifications to State and County authorities utilizing Enclosure 4.1 (Emergency Notification Form):

- Every hour until the emergency is terminated

OR

- If there is any significant change to the situation

OR

- As agreed upon with each individual agency. Documentation shall be maintained for any agreed upon schedule change and the interval shall not be greater than 2 hours to any agency.

- _____ 3.1.2 Complete Enclosure 4.1 (Emergency Notification Form) in accordance with Enclosure 4.4, Section 1.

- _____ 3.1.3 Make follow-up notification to State and County authorities using the Emergency Notification Form in accordance with Enclosure 4.4, Section 2.

- ____ 3.2 Ensure completion of Enclosure 4.6 (Emergency Coordinator / Emergency Operations Facility Director Turnover Checklist) prior to turnover of Emergency Coordinator responsibilities.

NOTE: A TSC preprogrammed fax button is available on the Control Room fax machine.

IF a classification change is recognized during turnover, the turnover should not be completed until after the Control Room declares and transmits the notification to the offsite agencies. {PIP-M-00-00541}

- 3.3 **WHEN** TSC Emergency Coordinator is ready to receive turnover, **THEN** perform one of the following to facilitate turnover:

- ____ • Hand deliver turnover sheet to the TSC Emergency Coordinator.

OR

- ____ • Fax turnover sheet to the TSC.

- ____ 3.4 In the event that a worker's behavior or actions contributed to an actual or potential substantial degradation of the level of safety of the plant (incidents resulting in an Alert or higher emergency declaration), the supervisor must consider and establish whether or not a for cause drug/alcohol screen is required. The FFD Program Administrator or designee is available to discuss/assist with the incident.

- 3.5 Using section D of the Emergency Plan (EAL Basis), assess the emergency condition:

- ____ 3.5.1 Remain in an Alert.
- ____ 3.5.2 Escalate to a more severe class.
- ____ 3.5.3 Reduce the Emergency Class.
- ____ 3.5.4 Terminate the emergency.

3.6 Termination Notifications

NOTE: Enclosure 4.5 has instructions for completion and transmission of termination notifications.

- _____ 3.6.1 Complete Enclosure 4.1 (Emergency Notification Form) in accordance with Enclosure 4.5, Section 1.
- _____ 3.6.2 Make termination notification to State and County authorities using the Emergency Notification Form in accordance with Enclosure 4.5, Section 2.

4. Enclosures

- 4.1 Emergency Notification Form
- 4.2 Initial Notification Completion/Transmission
- 4.3 NRC Event Notification Worksheet
- 4.4 Follow-up Notification Completion/Transmission
- 4.5 Termination Notification Completion/Transmission
- 4.6 Emergency Coordinator / Emergency Operations Facility Director Turnover Checklist
- 4.7 OSM Immediate and Subsequent Actions {PIP 0-M97-4638}
- 4.8 WCC SRO Immediate and Subsequent Actions {PIP 0-M97-4638}
- 4.9 STA Immediate and Subsequent Actions {PIP 0-M97-4638}

EMERGENCY NOTIFICATION

1. ☒ THIS IS A DRILL ☐ ACTUAL EMERGENCY ☐ INITIAL ☐ FOLLOW-UP MESSAGE NUMBER _____

2. SITE: McGuire Nuclear Site UNIT: _____ REPORTED BY: _____

TRANSMITTAL TIME/DATE: _____ (Eastern) mm / dd / yy CONFIRMATION PHONE NUMBER: (704) 875-6044

4. AUTHENTICATION (If Required): _____ (Number) _____ (Codeword)

5. EMERGENCY CLASSIFICATION:

☒ NOTIFICATION OF UNUSUAL EVENT ☐ ALERT ☐ SITE AREA EMERGENCY ☐ GENERAL EMERGENCY6. ☒ Emergency Declaration At: ☐ Termination At: TIME/DATE: _____ (Eastern) mm / dd / yy (If B, go to item 16.)7. EMERGENCY DESCRIPTION/REMARKS: _____

_____8. PLANT CONDITION: ☒ IMPROVING ☐ STABLE ☐ DEGRADING9. REACTOR STATUS: ☒ SHUTDOWN: TIME/DATE: _____ (Eastern) mm / dd / yy ☐ _____ % POWER

10. EMERGENCY RELEASE(S):

☒ NONE (Go to item 14.) ☐ POTENTIAL (GO TO ITEM 14.) ☐ IS OCCURRING ☐ HAS OCCURRED**11. TYPE OF RELEASE: ☐ ELEVATED ☐ GROUND LEVEL☒ AIRBORNE: Started: _____ Time (Eastern) / Date / _____

Stopped: _____ Time (Eastern) / Date / _____

☐ LIQUID: Started: _____ Time (Eastern) / Date / _____

Stopped: _____ Time (Eastern) / Date / _____

RELEASE MAGNITUDE: ☐ CURIES PER SEC. ☐ CURIES NORMAL OPERATING LIMITS: ☐ BELOW ☐ ABOVE☒ NOBLE GASES _____☐ IODINES _____☐ PARTICULATES _____☐ OTHER _____**13. ESTIMATE OF PROJECTED OFFSITE DOSE: ☐ NEW ☐ UNCHANGED PROJECTION TIME: _____ (Eastern)SITE BOUNDARY
2 MILES _____
5 MILES _____
10 MILES _____TEDE
mremThyroid CDE
mrem

ESTIMATED DURATION: _____ HRS.

**14. METEOROLOGICAL DATA: ☒ WIND DIRECTION (from) _____ ° ☐ SPEED (mph) _____☐ STABILITY CLASS _____ ☐ PRECIPITATION (type) _____

15. RECOMMENDED PROTECTIVE ACTIONS:

☒ NO RECOMMENDED PROTECTIVE ACTIONS☐ EVACUATE _____☐ SHELTER IN-PLACE _____☐ OTHER _____

16. APPROVED BY: _____ (Name) Emergency Coordinator _____ (Title) TIME/DATE: _____ (Eastern) mm / dd / yy

If items 8-14 have not changed, only items 1-7 and 15-16 are required to be completed.

** Information may not be available on initial notifications.

GOVERNMENT AGENCIES NOTIFIED

Record the name, date, time and agencies notified:

1. (name) _____

(date) _____ (time) _____

NC State

(agency)

EOC Sel. Sig. 314

EOC Bell Line (919) 733-3943

2. (name) _____

(date) _____ (time) _____

Mecklenburg County

(agency)

WP Sel. Sig. 116

WP Bell line 943-6200

3. (name) _____

(date) _____ (time) _____

Gaston County

(agency)

WP Sel. Sig. 112

WP Bell Line (704) 866-3300

4. (name) _____

(date) _____ (time) _____

Lincoln County

(agency)

WP Sel. Sig. 113

WP Bell line (704) 735-8202

5. (name) _____

(date) _____ (time) _____

Iredell County

(agency)

WP Sel. Sig. 114

WP Bell line (704) 878-3039

6. (name) _____

(date) _____ (time) _____

Catawba County

(agency)

WP Sel. Sig. 118

WP Bell line (828) 464-3112

7. (name) _____

(date) _____ (time) _____

Cabarrus County

(agency)

WP Sel. Sig. 119

WP Bell line (704) 788-3108

1. Completion of the Emergency Notification Form

NOTE: ONLY Items 1 - 10, 15 and 16 are required.
Items 11 - 14 may be skipped.

1.1 Complete Enclosure 4.1 (Emergency Notification Form) as follows:

NOTE: Message #'s should be sequentially numbered throughout the drill/emergency.

____ Item 1 Check A for Drill OR B for Actual Emergency AND
Check INITIAL AND
Write in message number.

NOTE: Certain events could occur at the plant site such that both units are affected. These may include: Enclosure 4.3 (Abnormal Rad Levels/Radiological Effluent), Enclosure 4.6 (Fires/Explosions and Security Events) and Enclosure 4.7 (Natural Disasters, Hazards and Other Conditions Affecting Plant Safety) from RP/0/A/5700/000, (Classification of Emergency). Consider this when completing the "unit designation" on line 2 of the Emergency Notification Form. {PIP 0-M97-4638}

NOTE: REPORTED BY: is the Communicator's name.

____ Item 2 Write in the unit(s) AND Communicator's name.

NOTE: Information for Items 3 and 4 will be completed during transmission of the Emergency Notification Form.

____ Item 3 Write in the transmittal time AND date.

____ Item 4 Write in appropriate number AND codeword.

____ Item 5 Check B for ALERT.

____ Item 6 Check A for Emergency Declaration At: AND
Write the time AND date the classification was declared.

NOTE: Reference RP/0/A/5700/000, (Classification of Emergency)

- _____ Item 7 Enter EAL Number and Emergency Description of the reason for declaring the emergency classification (in layman's terms, if possible). **DO NOT** use system abbreviations, acronyms or jargon which may cause confusion. Instead, write out the description in long hand. Be sensitive to the fact that certain descriptive technical terms may elicit unanticipated reactions from others. {PIP 0-M98-2065}
- _____ Item 8 Check the appropriate plant condition. {PIP 0-M97-4210 NRC-1}
- A **Improving:** Emergency conditions are improving in the direction of a lower classification or termination of the event.
 - B **Stable:** The emergency situation is under control. Emergency core cooling systems, equipment, plans, etc., are operating as designed.
 - C **Degrading:** Given current and projected plant conditions/equipment status, recovery efforts are not expected to prevent entry into a higher emergency classification or the need to upgrade offsite Protective Action Recommendations.
- _____ Item 9 Check A SHUTDOWN **AND** write the time and date of Reactor Shutdown
- OR**
- Check B **AND** write in the Reactor Power level.

- NOTE:**
1. **An emergency release is any unplanned, quantifiable discharge to the environment associated with a declared emergency event.** (This definition is based on an NRC commitment made on 11/30/90 following McGuire's Steam Generator Tube Rupture.) {PIP 0-M97-4256}
 2. Notify the OSM if box C or box D is checked.
 3. Base the determination of emergency release on:
 - EMF readings,
 - containment pressure and other indications,
 - field monitoring results,
 - knowledge of the event and its impact on systems operation and resultant release paths.
 4. **An emergency release is occurring if any one or more of the following bulleted conditions are met associated with a declared emergency:**
 - Either containment particulate, gaseous, iodine monitor (EMFs 38, 39 and/or 40) readings indicate an increase in activity,

OR

Containment monitor (EMFs 51A and/or 51B) readings indicate greater than 1.5R/hr,

AND

Either containment pressure is greater than 0.3 psig,

OR

An actual containment breach is known to exist.
 - Unit vent particulate, gaseous, iodine monitor (EMFs 35, 36, and/or 37) readings indicate an increase in activity.
 - Condenser air ejector exhaust monitor (EMF 33) or other alternate means indicate Steam Generator tube leakage.
 - Confirmed activity in the environment reported by Field Monitoring Team(s).
 - Knowledge of the event and its impact on systems operation and resultant release paths.

Item 10 Check the appropriate box for emergency release.

- **A NONE:** clearly no emergency release is occurring or has occurred.
- **B POTENTIAL:** discretionary option for the EC or EOFD.
- **C IS OCCURRING:** meets the specified conditions.
- **D HAS OCCURRED:** previously met the specified conditions.

- ____ Item 15 Check A, NO RECOMMENDED PROTECTIVE ACTIONS.
- ____ Item 16 Have the Emergency Coordinator approve the message AND
Write in the time AND date the message was approved.

2. TRANSMISSION OF THE EMERGENCY NOTIFICATION FORM

- NOTE:**
1. All initial notifications are **verbal**. Avoid using abbreviations or jargon likely to be unfamiliar to the State and Counties. If any information is not available or not applicable, write out "Not Available" or "Not Applicable" in the margin or other space as appropriate. Do not abbreviate "N.A.".
 2. The backup means of communications are the Bell line or County Emergency Response Radio. RP/0/A/5700/014, Enclosure 4.1 is available for needed backup numbers.
 3. Refer to page 5 of 9 and 6 of 9 of this enclosure for instructions on how to use the County Emergency Response Radio if selective signaling or Bell line is not available.

- ____ 2.1 **IF** an upgrade in classification occurs prior to transmitting the initial message, **THEN** discard ENF paperwork and proceed to higher classification procedure. {PIP-M-01-3711}
- ____ 2.2 **IF** an upgrade in classification occurs while transmitting any message, **THEN**:
- ____ A. Notify agencies that an upgrade has occurred, and that new information will be supplied within 15 minutes.
- ____ B. Suspend any further transmission of the message that was being transmitted. {PIP-M-01-3711}
- ____ 2.3 Use the Selective Signaling telephone by dialing *1 and depressing the push to talk button.
- ____ 2.4 **IF** Selective Signaling Group Call fails, **THEN** go to RP/0/A/5700/014, Enclosure 4.1 for manual selective signaling numbers.

NOTE: The time when the first party is contacted should be recorded on Line 3.

- ____ 2.5 As the State and Counties answer, check them off on the back of the notification form. At least one attempt using the individual selective signaling code must be made for any missing agencies. **Proceed with the notification promptly following an attempt to get missing agencies on the line.**
- ____ 2.6 Check the State and Counties are on the line, document this time in item #3 on the form. This time should not exceed 15 minutes from the time of declaration (Item # 6).

Initial Notification Completion/Transmission Page 5 of 9

- _____ 2.7 Tell them you have an emergency notification from the McGuire Control Room and to get out the Emergency Notification Form.
- _____ 2.8 Read the complete message slowly, line by line, beginning with Item # 1, allowing ample time to copy.

NOTE: Refer to page 7 of 9 of this enclosure for the authentication codeword list.

- _____ 2.9 When you reach item #4, ask the State or a County to authenticate the message. The agency should give you a number and you should provide the appropriate codeword. Write the number and codeword on the form.
- _____ 2.10 After communicating the initial message, ask if there are any questions. Record individuals' names and times on the back of the form. This time is the same time as Item #3.
- _____ 2.11 After verbally transmitting the message, FAX a copy (front page only) to the agencies. Refer to pages 8 of 9 and 9 of 9 of this Enclosure for FAX operation.
- _____ 2.12 Continuous attempts to contact missing agencies must be made if unable to complete the notification per step 2.3. Document the time these agencies were contacted on the back of the notification form.

COUNTY EMERGENCY RESPONSE RADIO

NOTE: This radio will only contact the County warning points. The State cannot be contacted on this radio. Have one of the Counties relay the message to the State.

Group Call:

- _____ 1. Press 20 to activate all County radio units.
- _____ 2. When the ready light comes on, press the bar on the transmitter microphone and say:

"This is McGuire Control Room to all Counties, do you copy?"

Once all Counties respond, begin transmitting the message using step 2.5 through 2.12 of this enclosure.

Proceed with the notification promptly following an attempt to get missing agencies on the air.

NOTE: RP/0/A/5700/014, Enclosure 4.1 is available for needed individual radio codes.

- _____ 3. If a County fails to respond on the group call, press their individual code on the encoder and say:

"This is McGuire Control Room to (Agency you are calling), do you copy?"

Once the County responds, begin transmitting the message using step 2.5 through 2.12 of this enclosure.
- _____ 4. After you have finished transmitting the message, conclude by saying:
"This is WQC700 base clear."
- _____ 5. Continuous attempts to contact missing agencies must be made if unable to complete the notification per step 2. Document the time these agencies were contacted on the back of the notification form.

AUTHENTICATION CODEWORD LIST

This page is left intentionally blank.

OPERATION OF THE FAX**A. GROUP FAX**

- NOTE:**
1. The FAX will dial each agency in sequence. If the FAX is busy, it will try again after completing the other calls.
 2. This sends a FAX to all County Warning Points, State EOC, TSC, EOF, News Group and JIC.

1. Insert the Emergency Notification Form face down into the FAX.
2. Press "Group Fax." Button.
3. Press "SEND/RECEIVE" button.

B. INDIVIDUAL FAX

- _____ 1. Insert the Emergency Notification Form face down into the FAX.
- _____ 2. Select location(s) to receive the fax:
 - _____ • Press News Group.
 - _____ • Press TSC.
 - _____ • Press State of North Carolina EOC.
 - _____ • Press Mecklenburg County Warning Point.
 - _____ • Press Gaston County Warning Point.
 - _____ • Press Lincoln County Warning Point.
 - _____ • Press Iredell County Warning Point.
 - _____ • Press Catawba County Warning Point.
 - _____ • Press Cabarrus County Warning Point.
 - _____ • Press EOF.
 - _____ • Press JIC.
- _____ 3. **WHEN** the appropriate individual location is selected, **THEN** press the "SEND/RECEIVE" button.

NOTE: RP/0/A/5700/014, Enclosure 4.1 is available for needed manual FAX numbers.

- C. To send a FAX to a single location dialing manually:
1. Insert the document face down into the FAX.
 2. Using the keypad, dial the number that you wish to call.
 3. Press "SEND/RECEIVE" button.

NRC Event Notification Worksheet

STATE: THIS IS THE McGUIRE NUCLEAR SITE IN NRC REGION 2 MAKING AN EVENT NOTIFICATION REPORT

NOTIFICATION DATE	UNIT	CALLER'S NAME	CALLBACK TELEPHONE #: ENS 1-888-270-0173 or (704) - 875-6044	NRC OPERATIONS OFFICER CONTACTED
----------------------	------	---------------	--	----------------------------------

EVENT TIME & ZONE _____ (time) Region II (zone)	EVENT DATE	POWER/MODE BEFORE	POWER/MODE AFTER
---	------------	-------------------	------------------

EVENT CLASSIFICATIONS	1-Hr Non-Emergency 10 CFR 50.72(b)(1) ✓ (50.72 b1 (I)(B)) TS Deviation	8-Hr Non-Emergency 10CFR 50.72(b)3
GENERAL EMERGENCY		(50.72 b3 (II)(A)) Degraded Condition
SITE AREA EMERGENCY		(50.72 b3 (II)(B)) Unanalyzed Condition
ALERT		(50.72 b3 (IV)(A)) Valid Actuation of System listed in Encl 4.3
UNUSUAL EVENT		(50.72 b3 (V)(A)) Safe S/D Capability
50.72 NON-EMERGENCY		(50.72 b3 (V)(B)) RHR Capability
PHYSICAL SECURITY (73.71)		(50.72 b3 (V)(C)) Control of Rad Release
TRANSPORTATION (10 CFR 20)		(50.72 b3 (V)(D)) Accident Mitigation
MATERIAL/EXPOSURE (10 CFR 20)		(50.72 b3 (X)(III)) Lost ENS
OTHER		(50.72 b3 (X)(III)) Lost Other Assess./Comms
		(50.72 b3 (X)(III)) Emergency Siren INOP
		(50.72 b3 (XII)) Offsite Medical

4-Hr Non-Emergency 10 CFR 50.72(b)(2)
(50.72 b2 (I)) TS Required S/D
(50.72 b2 (IV)(A)) ECCS Discharge to RCS
(50.72 b2 (IV)(B)) RPS Actuation - critical scram
(50.72 b2 (XI)) Offsite Notification
(72.75)(b1) Rad exposure & release action impairment
(72.75)(b2) Spent Fuel Storage SSC defect
(72.75)(b3) Spent Fuel Storage degradation
(72.75)(b4) Fuel Storage License deviation
(72.75)(b5) Fuel Storage related offsite medical
(72.75)(b6) Fire/Explosion damage to Spent Fuel Storage

24-Hr Non-Emergency
McGuire Facility Operating License Conditions
Material/Exposure (10CFR20)
26.73 Significant events involving fitness for duty
(72.75)(c1) Contamination event restrictions
(72.75)(c2) Fuel Storage equipment failure.

EVENT DESCRIPTION

Include: Systems affected, actuations & their initiating signals, causes, effect of event on plant, actions taken or planned, etc

Continue on Enclosure 4.3 page 2 of 2 if necessary.

NOTIFICATIONS	YES	NO	WILL BE	ANYTHING UNUSUAL OR NOT UNDERSTOOD? <input type="checkbox"/> YES <input type="checkbox"/> NO
RESIDENT E(s)				(Explain above)
LOCAL				DID ALL SYSTEMS FUNCTION AS REQUIRED YES <input type="checkbox"/> NO <input type="checkbox"/>
OTHER GOV AGENCIES				(Explain above)
MEDIA/PRESS RELEASE				MODE OF OPERATION UNTIL CORRECTED EST. RESTART DATE: ADDITIONAL INFOR ON BACK <input type="checkbox"/> YES <input type="checkbox"/> NO

APPROVED BY: _____ TIME/DATE: _____ / /
Operations Shift Manager/Emergency Coordinator (eastern) mm dd yy

Enclosure 4.3

NRC Event Notification Worksheet

RP/0/A/5700/002

Page 2 of 2

RADIOLOGICAL RELEASES- CHECK OR FILL IN APPLICABLE ITEMS (specific details/explanations should be covered in event description)					
LIQUID RELEASE	GASEOUS RELEASE	UNPLANNED RELEASE	PLANNED RELEASE	ONGOING	TERMINATED
MONITORED	UNMONITORED	OFFSITE RELEASE	T.S EXCEEDED	RM ALARMS	AREAS EVACUATED
PERSONNEL EXPOSED OR CONTAMINATED		OFFSITE PROTECTIVE ACTIONS RECOMMENDED		State release path in description	

NOTE: Contact Radiation Protection Shift to obtain the following information

IF the notification is due and the information is not available,
THEN mark "Not Available" and complete the notification

	Release Rate (Ci/sec)	% T S LIMIT	HOO GUIDE	Total Activity (Ci)	% T S LIMIT	HOO GUIDE
Noble Gas			0.1 Ci/sec			1000 Ci
Iodine			10 uCi/sec			0.01 Ci
Particulate			1 uCi/sec			1 mCi
Liquid (excluding tritium & dissolved noble gases)			10 uCi/min			0.1 Ci
Liquid (tritium)			0.2 Ci/min			5 Ci
Total Activity						

RECORD MONITORS IN ALARM	PLANT STACK (EMF 35, 36, 37)	CONDENSER/ AIR EJECTOR (EMF 33)	MAIN STEAM LINE (UNIT 1-EMF 24,25,26,27 UNIT 2-EMF 10, 11, 12,13)	SG BLOWDOWN (EMF 34)	OTHER
RAD MONITOR READINGS					
ALARM SETPOINTS- TRIP II					
% T S LIMIT (If applicable)		NOT APPLICABLE		NOT APPLICABLE	

OR SG TUBE LEAKS- CHECK OR FILL IN APPLICABLE ITEMS (specific details/explanations should be covered in event description)

LOCATION OF THE LEAK (e.g. SG#, valve, pipe, etc.)

LEAK RATE: gpm/gpd	T.S LIMITS EXCEEDED.	SUDDEN OR LONG TERM DEVELOPMENT:
LEAK START DATE	TIME	COOLANT ACTIVITY: PRIMARY SECONDARY (Last Sample) Xe eq _____ mCi/ml Xe eq _____ mCi/ml Iodine eq _____ mCi/ml Iodine eq _____ mCi/ml

LIST OF SAFETY RELATED EQUIPMENT NOT OPERATIONAL-

EVENT DESCRIPTION (Continued from Enclosure 4.3 page 1 of 2)

**Follow-Up Notification
Completion/Transmission**

Page 1 of 6

1. Completion of the Emergency Notification Form

NOTE: If items 8 - 14 have not changed from the previous message, only items 1 - 7, 15 and 16 are required to be completed. Avoid using abbreviations or jargon likely to be unfamiliar to the State and Counties. If any information is not available or not applicable, write out "Not Available" or "Not Applicable" in the margin or other space as appropriate. Do not abbreviate "N.A.".

1.1 Complete Enclosure 4.1 (Emergency Notification Form as follows):

NOTE: Message #'s should be sequentially numbered throughout the drill/emergency.

_____ Item 1 Check A for Drill OR B for Actual Emergency AND
Check FOLLOW-UP AND
Write in message number.

NOTE: Certain events could occur at the plant site such that both units are affected. These may include: Enclosure 4.3 (Abnormal Rad Levels/Radiological Effluent), Enclosure 4.6 (Fires/Explosions and Security Events) and Enclosure 4.7 (Natural Disasters, Hazards and Other Conditions Affecting Plant Safety) from RP/0/A/5700/000, (Classification of Emergency). Consider this when completing the "unit designation" on line 2 of the Emergency Notification Form. {PIP 0-M97-4638}

NOTE: REPORTED BY: is the Communicator's name.

_____ Item 2 Write in the unit(s) AND Communicator's name.

NOTE: Transmittal time is the time you FAX the form to the agencies.

_____ Item 3 Write in the transmittal time AND date.

_____ Item 4 Authentication is not required when faxing.

_____ Item 5 Check B for ALERT.

_____ Item 6 Check A for Emergency Declaration At: AND
Write the time AND date the classification was declared.

**Follow-Up Notification
Completion/Transmission**

Page 2 of 6

NOTE: Reference RP/0/A/5700/000, (Classification of Emergency)

_____ Item 7 Enter EAL Number and Emergency Description of the reason for declaring the emergency classification (in layman's terms, if possible). **DO NOT** use system abbreviations, acronyms or jargon which may cause confusion. Instead, write out the description in long hand. Be sensitive to the fact that certain descriptive technical terms may elicit unanticipated reactions from others. {PIP 0-M98-2065}

In addition, provide a description of changes in plant conditions since the last notification. Items to be considered for inclusion are as follows: {PIP 0-M98-2065}

- Other unrelated classifiable events (for example, during an Alert, an event which, by itself would meet the conditions for an Unusual Event)
- Major/Key Equipment Out of Service
- Emergency response actions underway
- Fire(s) onsite
- Flooding related to the emergency
- Explosions
- Loss of Offsite Power
- Core Uncovery
- Core Damage
- Medical Emergency Response Team activation related to the emergency
- Personnel injury related to the emergency or death
- Transport of injured individuals offsite - specify whether contaminated or not
- Site Evacuation/relocation of site personnel
- Saboteurs/Intruders/Suspicious devices/Threats
- Chemical or Hazardous Material Spills or Releases
- Extraordinary noises audible offsite
- Any event causing/requiring offsite agency response
- Any event causing increased media attention
- Remember to "close the loop" on items from previous notifications.

**Follow-Up Notification
Completion/Transmission**

Page 3 of 6

____ Item 8

Check the appropriate plant condition. {PIP M-097-4210 NRC-1} .

- A. **Improving:** Emergency conditions are improving in the direction of a lower classification or termination of the event.
- B. **Stable:** The emergency situation is under control. Emergency core cooling systems, equipment, plans, etc., are operating as designed.
- C. **Degrading:** Given current and projected plant conditions/equipment status, recovery efforts are not expected to prevent entry into a higher emergency classification or the need to upgrade offsite Protective Action Recommendations.

____ Item 9

Check A SHUTDOWN AND write the time and date of Reactor ShutdownORCheck B AND write in the Reactor Power level.

**Follow-Up Notification
Completion/Transmission**

Page 4 of 6

- NOTE:
1. **An emergency release is any unplanned, quantifiable discharge to the environment associated with a declared emergency event.** (This definition is based on an NRC commitment made on 11/30/90 following McGuire's Steam Generator Tube Rupture.) {PIP 0-M97-4256}
 2. Notify the OSM if box C or box D is checked.
 3. Base the determination of emergency release on:
 - EMF readings,
 - containment pressure and other indications,
 - field monitoring results,
 - knowledge of the event and its impact on systems operation and resultant release paths.
 4. **An emergency release is occurring if any one or more of the following bulleted conditions are met associated with a declared emergency:**
 - Either containment particulate, gaseous, iodine monitor (EMFs 38, 39 and/or 40) readings indicate an increase in activity,

OR

Containment monitor (EMFs 51A and/or 51B) readings indicate greater than 1.5R/hr,

AND

Either containment pressure is greater than 0.3 psig,

OR

An actual containment breach is known to exist.
 - Unit vent particulate, gaseous, iodine monitor (EMFs 35, 36, and/or 37) readings indicate an increase in activity.
 - Condenser air ejector exhaust monitor (EMF 33) or other alternate means indicate Steam Generator tube leakage.
 - Confirmed activity in the environment reported by Field Monitoring Team(s).
 - Knowledge of the event and its impact on systems operation and resultant release paths.

____ Item 10 Check the appropriate box for emergency release.

- **A NONE:** clearly no emergency release is occurring or has occurred.
- **B POTENTIAL:** discretionary option for the EC or EOFD.
- **C IS OCCURRING:** meets the specified conditions.
- **D HAS OCCURRED:** previously met the specified conditions.

**Follow-Up Notification
Completion/Transmission**

Page 5 of 6

1.2 **IF** follow-up notification is due and information for Items 11 through 14 cannot be obtained from RP shift, **THEN** mark each item "Not Available" and go to Item 15.

- Item 11 Check GROUND LEVEL **AND**
Check A for AIRBORNE **OR** B for LIQUID **AND**
Write in the time **AND** date the release started **AND** stopped if available.
- Item 12 Check CURIES PER SECOND **AND**
Check BELOW **OR** ABOVE normal operating limits **AND**
Check the appropriate blocks A, B, C, D **AND** write in the value(s).

NOTE: If unchanged from the previous notification, the information does not have to be repeated.

- Item 13 Check NEW **OR** UNCHANGED **AND**
Write in the projection time **AND**
Write in the estimated duration **AND**
Write in the TEDE and Thyroid CDE values.
- Item 14 Check A, B, C, D **AND** provide values for each.
- Item 15 Check A, NO RECOMMENDED PROTECTIVE ACTIONS.
- Item 16 Have the Emergency Coordinator approve the message **AND**
Write in the time **AND** date the message was approved.

**Follow-Up Notification
Completion/Transmission**

Page 6 of 6

2. Transmission of the Emergency Notification Form

NOTE: For routine, follow-up notifications, FAX a copy of the notification form instead of verbally transmitting the message (front page only). This applies only if the message does not involve a change in the emergency classification or the protective action recommendations or a termination of the emergency. Call each agency to verify they received the message.

- _____ 2.1 Insert the Emergency Notification Form (front page only) face down into the FAX.
- _____ 2.2 Press "GROUP FAX" button.
- _____ 2.3 Press "SEND/RECEIVE" button.
- _____ 2.4 **IF** programmed functions fail, **THEN** go to RP/0/A/5700/014, Enclosure 4.1 for manual FAX numbers.
- _____ 2.5 Ensure the State and Counties received the FAX by calling them.
- _____ 2.6 Ask if there are any questions on the Emergency Notification Form, then record individuals' names and times on the back of the form.

Enclosure 4.5
Termination Notification
Completion/Transmission

RP/0/A/5700/002
Page 1 of 6

Completion of the Emergency Notification Form

NOTE: A termination message should be marked as FOLLOW-UP on the Emergency Notification Form.

1.1 Complete Enclosure 4.1 (Emergency Notification Form) as follows:

_____ Item 1 Check A for Drill OR B for Actual Emergency AND
Check FOLLOW-UP AND
Write in message number.

NOTE: Certain events could occur at the plant site such that both units are affected. These may include: Enclosure 4.3 (Abnormal Rad Levels/Radiological Effluent), Enclosure 4.6 (Fires/Explosions and Security Events) and Enclosure 4.7 (Natural Disasters, Hazards and Other Conditions Affecting Plant Safety) from RP/0/A/5700/000, (Classification of Emergency). Consider this when completing the "unit designation" on line 2 of the Emergency Notification Form. {PIP 0-M97-4638}

NOTE: REPORTED BY: is the Communicator's name.

_____ Item 2 Write in the unit(s) AND Communicator's name.

NOTE: Information for Items 3 and 4 will be completed during transmission of the Emergency Notification Form.

_____ Item 3 Write in the transmittal time AND date.

_____ Item 4 Write in appropriate number AND codeword.

_____ Item 5 Check B for ALERT.

_____ Item 6 Check B for Termination At: AND
Write the time AND date the classification was terminated.

_____ Item 16 Have the Emergency Coordinator approve the message AND
Write in the time AND date the message was approved.

Enclosure 4.5
Termination Notification
Completion/Transmission

RP/0/A/5700/002
Page 2 of 6

2. Transmission of the Emergency Notification Form

- NOTE:**
1. All termination notifications are **verbal**. Avoid using abbreviations or jargon likely to be unfamiliar to the State and Counties. If any information is not available or not applicable, write out "Not Available" or "Not Applicable" in the margin or other space as appropriate. Do not abbreviate "N.A.".
 2. The backup means of communications are the Bell line or County Emergency Response Radio. RP/0/A/5700/014, Enclosure 4.1 is available for needed backup numbers.
 3. Refer to page 3 of 6 of this enclosure for instructions on how to use the County Emergency Response Radio if selective signaling or Bell line is not available.

- ___ 2.1 Use the Selective Signal telephone by dialing *1 and depressing the push to talk button.
- ___ 2.2 **IF** Selective Signaling Group Call fails, **THEN** go to RP/0/A/5700/014, Enclosure 4.1 for manual selective signaling numbers
- ___ 2.3 As the State and Counties answer, check them off on the back of the notification form. At least one attempt using the individual selective signaling code must be made for any missing agencies.
Proceed with the notification promptly following an attempt to get missing agencies on the line.
- ___ 2.4 Check the State and Counties are on the line, document this time in item #3 on the form.
- ___ 2.5 Tell them you have an emergency notification from the McGuire Control Room and to get out the Emergency Notification Form.
- ___ 2.6 Read the complete message slowly, line by line, beginning with Item # 1, allowing ample time to copy.

NOTE: Refer to page 4 of 6 of this Enclosure for the authentication codeword list.

- ___ 2.7 When you reach item #4, ask the State or a County to authenticate the message. The agency should give you a number and you should provide the appropriate codeword. Write the number and codeword on the form.
- ___ 2.8 After communicating the message, ask if there are any questions. Record individuals' names and times on the back of the form. This time is the same time as Item #3.
- ___ 2.9 After verbally transmitting the message, FAX a copy (front page only) to the agencies. Refer to page 5 of 6 and 6 of 6 of this enclosure for FAX operation.

Enclosure 4.5
Termination Notification
Completion/Transmission

RP/0/A/5700/002
Page 3 of 6

- 2.10 Continuous attempts to contact missing agencies must be made if unable to complete the notification per step 2.3. Document the time these agencies were contacted on the back of the notification form.

COUNTY EMERGENCY RESPONSE RADIO

NOTE: This radio will only contact the County warning points. The State cannot be contacted on this radio. Have one of the Counties relay the message to the State.

Group Call:

1. Press 20 to activate all County radio units.
2. When the ready light comes on, press the bar on the transmitter microphone and say:
"This is McGuire Control Room to all Counties, do you copy?"

Once all Counties respond, begin transmitting the message using step 2.3 through step 2.10 of this enclosure.

Proceed with the notification promptly following an attempt to get missing agencies on the air.

NOTE: RP/0/A/5700/014, Enclosure 4.1 is available for needed individual radio codes.

3. If a County fails to respond on the group call, press their individual code on the encoder and say:
"This is McGuire Control Room to (Agency you are calling), do you copy?"

Once the County responds, begin transmitting the message using step 2.3 through step 2.10 of this enclosure.

4. After you have finished transmitting the message, conclude the message by saying:
"This is WQC700 base clear."

5. Continuous attempts to contact missing agencies must be made if unable to complete the notification per Step 2. Document the time these agencies were contacted on the back of the notification form.

Enclosure 4.5
Termination Notification
Completion/Transmission

RP/0/A/5700/002
Page 4 of 6

AUTHENTICATION CODEWORD LIST

This page is left intentionally blank.

Enclosure 4.5
Termination Notification
Completion/Transmission

RP/0/A/5700/002
Page 5 of 6

OPERATION OF THE FAX

A. GROUP FAX

- NOTE:**
1. The FAX will dial each agency in sequence. If the FAX is busy, it will try again after completing the other calls.
 2. This sends a FAX to all County Warning Points, State EOC, TSC, EOF, News Group and JIC.

- _____ 1. Insert the Emergency Notification Form face down into the FAX.
- _____ 2. Press Group Fax .
- _____ 3. Press "SEND/RECEIVE".

B. INDIVIDUAL FAX

- _____ 1. Insert the Emergency Notification Form face down into the FAX.
- _____ 2. Select location(s) to receive the fax:
 - _____ • Press News Group.
 - _____ • Press TSC.
 - _____ • Press State of North Carolina EOC.
 - _____ • Press Mecklenburg County Warning Point.
 - _____ • Press Gaston County Warning Point.
 - _____ • Press Lincoln County Warning Point.
 - _____ • Press Iredell County Warning Point.
 - _____ • Press Catawba County Warning Point.
 - _____ • Press Cabarrus County Warning Point.
 - _____ • Press EOF.
 - _____ • Press JIC.
- _____ 3. **WHEN** the appropriate individual location is selected, **THEN** press the "SEND/RECEIVE" button.

**Enclosure 4.5
Termination Notification
Completion/Transmission**

RP/0/A/5700/002
Page 6 of 6

OPERATION OF THE FAX

NOTE: RP/0/A/5700/014, Enclosure 4.1 is available for needed manual FAX numbers.

C. To send a FAX to a single location dialing manually:

- ☐ 1. Insert the document face down in the FAX.
- ☐ 2. Using the keypad, dial the number that you wish to call.
- ☐ 3. Press "SEND/RECEIVE" button.

Enclosure 4.6
Emergency Coordinator/Emergency
Operations Facility Director Turnover
Checklist

RP/0/A/5700/002
Page 1 of 1

UNIT(S) AFFECTED:

U1 _____ U2 _____

(PIP-M-99-3800)

GENERAL	DATE: _____ TIME: _____	POWER LEVEL U-1 _____ U-2 _____	NCS TEMP _____	NCS PRESS _____																																								
EMERGENCY CLASSIFICATION	<div style="display: flex; justify-content: space-between;"><div>NOUE DECLARED AT: _____ ALERT DECLARED AT: _____ SAE DECLARED AT: _____ G.E. DECLARED AT: _____ REASON FOR EMER CLASS: _____</div><div>TSC ACTIVATED AT: _____ EOF ACTIVATED AT: _____</div></div>																																											
SITE ASSEMBLY SITE EVACUATION	<table style="width: 100%;"><thead><tr><th></th><th style="text-align: center;">YES</th><th style="text-align: center;">NO</th><th style="text-align: center;">TIME</th><th style="text-align: center;">LOCATION OR COMMENTS</th></tr></thead><tbody><tr><td>SITE ASSEMBLY</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>SITE EVAC. (NON-ESSEN.)</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>SITE EVAC. (ESSENTIAL)</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>OTHER OFFSITE AGENCY INVOLVEMENT</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>MEDICAL</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>FIRE</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>POLICE</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr></tbody></table>					YES	NO	TIME	LOCATION OR COMMENTS	SITE ASSEMBLY	_____	_____	_____	_____	SITE EVAC. (NON-ESSEN.)	_____	_____	_____	_____	SITE EVAC. (ESSENTIAL)	_____	_____	_____	_____	OTHER OFFSITE AGENCY INVOLVEMENT	_____	_____	_____	_____	MEDICAL	_____	_____	_____	_____	FIRE	_____	_____	_____	_____	POLICE	_____	_____	_____	_____
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POLICE	_____	_____	_____	_____																																								
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	NUMBER	TIME																																										
LAST MESSAGE SENT:	_____	_____																																										
NEXT MESSAGE DUE:	_____	_____																																										
OTHER NOTES RELATED TO THE ACCIDENT/EVENT/PLANT EQUIPMENT FAILED OR OUT OF SERVICE _____ _____ _____																																												

OSM Immediate and Subsequent Actions

Page 1 of 2

1. Immediate Actions

Initial

_____ 1.1 The Operations Shift Manager or designee **SHALL ANNOUNCE** the event over the plant P.A. system by performing the following:

_____ 1.1.1 Turn on the outside page speakers.

NOTE:

- For drill purposes, state "This is a drill. This is a drill."
- Any plant phone in the Control Room horse shoe area or extension 4021 is programmed to access 710, site all call. {PIP 0-M98-2545}

_____ 1.1.2 Dial 710, pause, dial 80. Following the beep, announce "an Alert has been declared". Provide a brief description of the event (may be written below) and announce "Activate the TSC/OSC and EOF".

_____ 1.1.3 Repeat the preceding announcement one time.

_____ 1.1.4 Turn off the outside page speakers.

_____ 1.2 **IF** valid trip II alarm occurs on any one of the following:

1 **OR** 2 EMF36(L)

1 EMF24, 25, 26, 27

2 EMF10, 11, 12, 13

THEN immediately contact RP shift at 4282 to perform HP/0/B/1009/029 (Initial Response On-Shift Dose Assessment).

_____ 1.3 **IF** box C (IS OCCURRING) or box D (HAS OCCURRED) from **Item 10** (EMERGENCY RELEASE) on Enclosure 4.1 (Emergency Notification Form) is checked, **THEN** immediately contact RP shift at 4282 to perform HP/0/B/1009/029 (Initial Response On-Shift Dose Assessment).

OSM Immediate and Subsequent Actions

Page 2 of 2

- _____ 1.4 **IF** an upgrade in classification occurs prior to transmitting the initial message, **THEN** notify the Offsite Agency Communicator to discard ENF paperwork and proceed to higher classification procedure. {PIP- M-01-3711}
- 1.5 **IF** an upgrade in classification occurs while transmitting any message, **THEN** notify the Offsite Agency Communicator to perform the following:
- _____ A. Notify the agencies that an upgrade has occurred and that new information will be printed within 15 minutes.
- _____ B. Suspend any further transmission of the message that was being transmitted. {PIP- M-01-3711}

2. Subsequent Actions

NOTE: Site Assembly is a required on-site protective action in response to an Alert or higher declaration.

- _____ 2.1 Refer to RP/0/A/5700/011 (Conducting a Site Assembly, Site Evacuation or Containment Evacuation) to evaluate and initiate a site assembly.
- _____ 2.2 Augment shift resources to assess and respond to the emergency situation as needed.
- _____ 2.3 **GO TO** Step 3.1 in the body of this procedure and continue with the prescribed subsequent actions.

**WCC SRO Immediate and Subsequent
Actions**

Page 1 of 1

1. Immediate Actions**Initial**

- NOTE:** 1. Initial notification to the State and Counties must be made within 15 minutes of the event declaration, using Enclosure 4.1.
2. Enclosure 4.2 has instructions for completion/transmission of the Emergency Notification Form.

- _____ 2.1 **IF** an upgrade in classification occurs prior to transmitting the initial message, **THEN** discard ENF paperwork and proceed to higher classification procedure. {PIP-M-01-3711}
- _____ 2.2 **IF** an upgrade in classification occurs while transmitting any message, **THEN**:
- _____ A. Notify agencies that an upgrade has occurred and that new information will be supplied within 15 minutes.
- _____ B. Suspend any further transmission of the message that was being transmitted. {PIP-M-01-3711}
- _____ 2.3 Complete items 1 -10, 15 and 16 on Enclosure 4.1 (Emergency Notification Form) in accordance with Enclosure 4.2, Section 1.
- _____ 2.4 Make initial notification to State and County authorities using the Emergency Notification Form in accordance with Enclosure 4.2, Section 2.

3. Subsequent Actions

- _____ 3.1 Notify the NRC Operations Center by completing Enclosure 4.3 and transmitting immediately but no later than 1 hour of the event declaration using RP/0/A/5700/014, Enclosure 4.2.
- _____ 3.2 Inform the OSM when this enclosure has been completed, reporting any deficiencies or problems encountered.

1. Immediate Actions

Initial

NOTE: For a Drill, the Community Alert Network (CAN) is not activated.

____ 1.1 For a security event, go to steps 1.4, 1.5, and 1.6.

____ 1.2 Activate the Emergency Response Organization by contacting Security via the ringdown phone to the CAS/SAS, or at extension 2688 or 4900 and issue the following message:

____ 1.2.1 For a Drill "Activate the TSC/OSC/EOF pagers, McGuire Delta, Alert declared at _____ (time)."

____ 1.2.2 For an Emergency "Activate the TSC/OSC/EOF pagers, McGuire Echo, Alert declared at _____ (time)."

AND

"Activate the CAN system."

NOTE:

- For a Drill, the Emergency Response Data System (ERDS) is not activated.
- ERDS can only be activated / deactivated from designated computer terminals with SDS access. These are located in the Shift Work Manager's office, the Data Coordinators' room in the TSC and all within the Control Room horseshoe area.

____ 1.3 For an Emergency, activate the Emergency Response Data System (ERDS) as soon as possible, but not later than one hour after the emergency declaration per the following:

____ 1.3.1 Ensure SDS is running on the selected terminal.

____ 1.3.2 Click on MAIN.

____ 1.3.3 Click on GENERAL.

____ 1.3.4 Click on ERDS.

____ 1.3.5 Click on ACTIVATE.

____ 1.3.6 Record the time and date ERDS was activated. TIME/DATE _____
mm dd yy Eastern

____ 1.3.7 Inform the OSM that ERDS was activated.

____ 1.3.8 **IF** ERDS failed to activate after five (5) attempts, **THEN** have an Offsite Agency Communicator notify the NRC via ENS or other available means.

- _____ 1.4 For a drill, **IF** a security event exists and offsite ERO staging is desired before giving instructions to report to the TSC and OSC, **THEN** contact Security via the ringdown phone to the CAS/SAS, or at extension 2688 or 4900, and give instructions to activate the TSC/OSC, according to the Emergency Response Pager Instructions for a security event drill.
- _____ 1.5 For an actual emergency, **IF** a security event exists and offsite ERO staging is desired before giving instructions to report to the TSC/OSC, **THEN** contact Security via the ringdown phone to the CAS/SAS, or at extension 2688 or 4900, and give instructions to activate the TSC/OSC, according to the Emergency Response Pager Instructions for a security event emergency.
- _____ 1.6 When the security event is stabilized to the point that ERO members can come on site, go to step 1.2.

2. Subsequent Actions

- _____ 2.1 Notify one of the NRC Resident Inspectors using RP/0/A/5700/014, Enclosure 4.2.
- _____ 2.2 Contact Duke Management using RP/0/A/5700/014, Enclosure 4.3 as soon as possible following event declaration.
- _____ 2.3 Inform the OSM when this enclosure has been completed, reporting any deficiencies or problems.

Duke Power Company
PROCEDURE PROCESS RECORD(1) ID No. RP/0/A/5700/003Revision No. 017

PREPARATION

(2) Station MCGUIRE NUCLEAR STATION(3) Procedure Title Site Area Emergency(4) Prepared By J M Cooke Date 7-19-02

(5) Requires NSD 228 Applicability Determination?

☒ Yes (New procedure or revision with major changes)☐ No (Revision with minor changes)☐ No (To incorporate previously approved changes)(6) Reviewed By J M Cooke (QR) Date 7/22/02Cross-Disciplinary Review By _____ (QR) NA 9nd Date 7/22/02Reactivity Mgmt. Review By _____ (QR) NA 9nd Date 7/22/02Mgmt. Involvement Review By _____ (Ops Supt.) NA 9nd Date 7/22/02

(7) Additional Reviews

Reviewed By _____ Date _____

Reviewed By _____ Date _____

(8) Temporary Approval (if necessary)

By _____ (OSM/QR) Date _____

By _____ (QR) Date _____

(9) Approved By K.L. Murray Date 10-1-02

PERFORMANCE (Compare with Control Copy every 14 calendar days while work is being performed.)

(10) Compared with Control Copy _____ Date _____

Compared with Control Copy _____ Date _____

Compared with Control Copy _____ Date _____

(11) Date(s) Performed _____

Work Order Number (WO#) _____

COMPLETION

(12) Procedure Completion Verification

☐ Yes ☐ NA Check lists and/or blanks initialed, signed, dated, or filled in NA, as appropriate?☐ Yes ☐ NA Required enclosures attached?☐ Yes ☐ NA Data sheets attached, completed, dated, and signed?☐ Yes ☐ NA Charts, graphs, etc. attached dated, identified, and marked?☐ Yes ☐ NA Procedure requirements met?

Verified By _____ Date _____

(13) Procedure Completion Approved _____ Date _____

(14) Remarks (Attach additional pages, if necessary)

**Duke Power Company
McGuire Nuclear Station**

Site Area Emergency

Reference Use

Procedure No.

RP/0/A/5700/003

Revision No.

017

Electronic Reference No.

MC0048M6

Site Area Emergency

1. Symptoms

Events are in process or have occurred which involve actual or potential major failures of plant functions needed for protection of the public.

2. Immediate Actions

NOTE: The Immediate Actions and part of the Subsequent Actions have been separated into position specific enclosures to enhance timely completion and consistent execution.

_____ 2.1 The following Enclosures should be given to the appropriate personnel:

- The OSM should execute Enclosure 4.8 (OSM Immediate and Subsequent Actions) in a timely manner.
- The WCC SRO, or another SRO designated by the OSM should execute Enclosure 4.9 (WCC SRO Immediate and Subsequent Actions) in a timely manner.
- The STA should execute Enclosure 4.10 (STA Immediate and Subsequent Actions) in a timely manner.

3. Subsequent Actions

3.1 Follow-up Notifications

- NOTE:** 1. Follow-up messages of a lesser classification should never be approved after an upgrade to a new classification is declared. Emphasis should be placed on providing current information and **not** on providing a follow-up just to meet follow-up deadline. **IF** a follow-up is due and an upgrade in classification is declared, **THEN** the Off-Site Agency Communicators should contact the agencies that the pending follow-up is being superseded by an upgrade in classification and information will be provided within 15 minutes of the upgrade.
2. Enclosure 4.4 has instructions for completion and transmission of follow-up notifications.

- _____ 3.1.1 The Emergency Coordinator shall make follow-up notifications to State and County authorities utilizing Enclosure 4.1, (Emergency Notification Form):
- Every hour until the emergency is terminated
 - OR**
 - If there is any significant change to the situation
 - OR**
 - As agreed upon with each individual agency. Documentation shall be maintained for any agreed upon schedule change and the interval shall not be greater than 2 hours to any agency.
- _____ 3.1.2 Complete Enclosure 4.1 (Emergency Notification Form) in accordance with Enclosure 4.4, Section 1.
- _____ 3.1.3 Make follow-up notification to State and County authorities using the Emergency Notification Form in accordance with Enclosure 4.4, Section 2.

- _____ 3.2 Ensure completion of Enclosure 4.6 (Emergency Coordinator / Emergency Operations Facility Director Turnover Checklist) prior to turnover of Emergency Coordinator responsibilities.

NOTE: A TSC preprogrammed fax button is available on the Control Room fax machine.

IF a classification change is recognized during turnover, the turnover should not be completed until after the Control Room declares and transmits the notification to the offsite agencies. {PIP-M-00-00541}

- _____ 3.3 **WHEN** TSC Emergency Coordinator is ready to receive turnover, **THEN** perform one of the following to facilitate turnover:

- _____ • Hand deliver turnover sheet to the TSC Emergency Coordinator.

OR

- _____ • Fax turnover sheet to the TSC.

- _____ 3.4 In the event that a worker's behavior or actions contributed to an actual or potential substantial degradation of the level of safety of the plant (incidents resulting in an Alert or higher emergency declaration), the supervisor must consider and establish whether or not a for cause drug/alcohol screen is required. The FFD Program Administrator or designee is available to discuss/assist with the incident.

3.5 Protective Actions On-site

- _____ 3.5.1 Consider evacuation of non-essential site personnel. Go to RP/0/A/5700/011 (Conducting a Site Assembly, Site Evacuation or Containment Evacuation).

- _____ 3.5.2 **IF** a situation which is immediately hazardous to life or valuable property exists, **THEN** evaluate potential dose rates by one of the following methods:

- a. Contact RP Shift at Ext. 4282
- b. Assess area monitors

- _____ 3.5.3 Complete Enclosure 4.7 (Request for Emergency Exposure), prior to dispatch of emergency workers if emergency situation precludes documentation.

3.6 Using Section D of the Emergency Plan (EAL Basis), assess the emergency condition:

_____ 3.6.1 Remain in a Site Area Emergency.

_____ 3.6.2 Escalate to a more severe class.

_____ 3.6.3 Reduce the Emergency Class.

_____ 3.6.4 Terminate the emergency.

3.7 Termination Notifications

NOTE: Enclosure 4.5 has instructions for completion and transmission of termination notifications.

_____ 3.7.1 Complete Enclosure 4.1 (Emergency Notification Form) in accordance with Enclosure 4.5, Section 1.

_____ 3.7.2 Make termination notification to State and County authorities using the Emergency Notification Form in accordance with Enclosure 4.5, Section 2.

4. Enclosures

4.1 Emergency Notification Form

4.2 Initial Notification Completion/Transmission

4.3 NRC Event Notification Worksheet

4.4 Follow-up Notification Completion/Transmission

4.5 Termination Notification Completion/Transmission

4.6 Emergency Coordinator / Emergency Operations Facility Director Turnover Checklist

4.7 Request for Emergency Exposure

4.8 OSM Immediate and Subsequent Actions {PIP 0-M97-4638}

4.9 WCC SRO Immediate and Subsequent Actions {PIP 0-M97-4638}

4.10 STA Immediate and Subsequent Actions {PIP 0-M97-4638}

EMERGENCY NOTIFICATION

1. ☒ THIS IS A DRILL ☐ ACTUAL EMERGENCY ☐ INITIAL ☐ FOLLOW-UP MESSAGE NUMBER _____

2. SITE: McGuire Nuclear Site UNIT: _____ REPORTED BY: _____

TRANSMITTAL TIME/DATE: _____ / _____ / _____ (Eastern) mm dd yy CONFIRMATION PHONE NUMBER: (704) 875-6044

4. AUTHENTICATION (If Required): _____ (Number) _____ (Codeword)

5. EMERGENCY CLASSIFICATION:

☒ NOTIFICATION OF UNUSUAL EVENT ☐ ALERT ☐ SITE AREA EMERGENCY ☐ GENERAL EMERGENCY

6. ☒ Emergency Declaration At: ☐ Termination At: TIME/DATE: _____ / _____ / _____ (Eastern) mm dd yy (If B, go to item 16.)

7. EMERGENCY DESCRIPTION/REMARKS: _____

8. PLANT CONDITION: ☒ IMPROVING ☐ STABLE ☐ DEGRADING

9. REACTOR STATUS: ☒ SHUTDOWN: TIME/DATE: _____ / _____ / _____ (Eastern) mm dd yy ☐ _____ % POWER

10. EMERGENCY RELEASE(S):

☒ NONE (Go to item 14.) ☐ POTENTIAL (GO TO ITEM 14.) ☐ IS OCCURRING ☐ HAS OCCURRED

**11. TYPE OF RELEASE: ☐ ELEVATED ☐ GROUND LEVEL

☒ AIRBORNE: Started: _____ / _____ / _____ Time (Eastern) Date Stopped: _____ / _____ / _____ Time (Eastern) Date

☐ LIQUID: Started: _____ / _____ / _____ Time (Eastern) Date Stopped: _____ / _____ / _____ Time (Eastern) Date

12. RELEASE MAGNITUDE: ☐ CURIES PER SEC. ☐ CURIES NORMAL OPERATING LIMITS: ☐ BELOW ☐ ABOVE

☒ NOBLE GASES _____ ☐ IODINES _____

☐ PARTICULATES _____ ☐ OTHER _____

**13. ESTIMATE OF PROJECTED OFFSITE DOSE: ☐ NEW ☐ UNCHANGED PROJECTION TIME: _____ (Eastern)

	TEDE mrem	Thyroid CDE mrem	ESTIMATED DURATION: _____ HRS.
SITE BOUNDARY	_____	_____	
2 MILES	_____	_____	
5 MILES	_____	_____	
10 MILES	_____	_____	

**14. METEOROLOGICAL DATA: ☒ WIND DIRECTION (from) _____ ° ☐ SPEED (mph) _____

☐ STABILITY CLASS _____ ☐ PRECIPITATION (type) _____

15. RECOMMENDED PROTECTIVE ACTIONS:

☒ NO RECOMMENDED PROTECTIVE ACTIONS

☐ EVACUATE _____

☐ SHELTER IN-PLACE _____

☐ OTHER _____

16. APPROVED BY: _____ (Name) Emergency Coordinator _____ (Title) TIME/DATE: _____ (Eastern) mm dd yy

If items 8-14 have not changed, only items 1-7 and 15-16 are required to be completed.

** Information may not be available on initial notifications.

**Initial Notification
Completion/Transmission**

1. Completion of the Emergency Notification Form

NOTE: ONLY Items 1 - 10, 15 and 16 are required.
Items 11 - 14 may be skipped.

1.1 Complete Enclosure 4.1 (Emergency Notification Form) as follows:

NOTE: Message #'s should be sequentially numbered throughout the drill/emergency.

_____ Item 1 Check A for Drill OR B for Actual Emergency AND
 Check INITIAL AND
 Write in message number.

NOTE: Certain events could occur at the plant site such that both units are affected. These may include: Enclosure 4.3 (Abnormal Rad Levels/Radiological Effluent), Enclosure 4.6 (Fires/Explosions and Security Events) and Enclosure 4.7 (Natural Disasters, Hazards and Other Conditions Affecting Plant Safety) from RP/0/A/5700/000, (Classification of Emergency). Consider this when completing the "unit designation" on line 2 of the Emergency Notification Form. {PIP 0-M97-4638}

NOTE: REPORTED BY: is the Communicator's name.

_____ Item 2 Write in the unit(s) AND Communicator's name.

NOTE: Information for Items 3 and 4 will be completed during transmission of the Emergency Notification Form.

_____ Item 3 Write in the transmittal time AND date.

_____ Item 4 Write in appropriate number AND codeword.

_____ Item 5 Check C for SITE AREA EMERGENCY.

_____ Item 6 Check A for Emergency Declaration At: AND
 Write the time AND date the classification was declared.

**Initial Notification
Completion/Transmission**

Page 2 of 9

NOTE: Reference RP/0/A/5700/000, (Classification of Emergency)

____ Item 7 Enter EAL Number and Emergency Description of the reason for declaring the emergency classification (in layman's terms, if possible). **DO NOT** use system abbreviations, acronyms or jargon which may cause confusion. Instead, write out the description in long hand. Be sensitive to the fact that certain descriptive technical terms may elicit unanticipated reactions from others. {PIP 0-M98-2065}

____ Item 8 Check the appropriate plant condition. {PIP 0-M97-4210 NRC-1}

- A **Improving:** Emergency conditions are improving in the direction of a lower classification or termination of the event.
- B **Stable:** The emergency situation is under control. Emergency core cooling systems, equipment, plans, etc., are operating as designed.
- C **Degrading:** Given current and projected plant conditions/equipment status, recovery efforts are not expected to prevent entry into a higher emergency classification or the need to upgrade offsite Protective Action Recommendations.

____ Item 9 Check A SHUTDOWN **AND** write the time and date of Reactor Shutdown

OR

Check B **AND** write in the Reactor Power level.

**Initial Notification
Completion/Transmission**

Page 3 of 9

- NOTE:**
1. An emergency release is any unplanned, quantifiable discharge to the environment associated with a declared emergency event. (This definition is based on an NRC commitment made on 11/30/90 following McGuire's Steam Generator Tube Rupture.) {PIP 0-M97-4256}
 2. Notify the OSM if box C or box D is checked.
 3. Base the determination of emergency release on:
 - EMF readings,
 - containment pressure and other indications,
 - field monitoring results,
 - knowledge of the event and its impact on systems operation and resultant release paths.
 4. An emergency release is occurring if any one or more of the following bulleted conditions are met associated with a declared emergency:
 - Either containment particulate, gaseous, iodine monitor (EMFs 38, 39 and/or 40) readings indicate an increase in activity,

OR

Containment monitor (EMFs 51A and/or 51B) readings indicate greater than 1.5R/hr,

AND

Either containment pressure is greater than 0.3 psig,

OR

An actual containment breach is known to exist.
 - Unit vent particulate, gaseous, iodine monitor (EMFs 35, 36, and/or 37) readings indicate an increase in activity.
 - Condenser air ejector exhaust monitor (EMF 33) or other alternate means indicate Steam Generator tube leakage.
 - Confirmed activity in the environment reported by Field Monitoring Team(s).
 - Knowledge of the event and its impact on systems operation and resultant release paths.

Item 10 Check the appropriate box for emergency release.

- **A NONE:** clearly no emergency release is occurring or has occurred.
- **B POTENTIAL:** discretionary option for the EC or EOFD.
- **C IS OCCURRING:** meets the specified conditions.
- **D HAS OCCURRED:** previously met the specified conditions.

**Initial Notification
Completion/Transmission**

- _____ Item 15 Check A, NO RECOMMENDED PROTECTIVE ACTIONS.
- _____ Item 16 Have the Emergency Coordinator approve the message AND
Write in the time AND date the message was approved.

2. TRANSMISSION OF THE EMERGENCY NOTIFICATION FORM

- NOTE:**
1. All initial notifications are **verbal**. Avoid using abbreviations or jargon likely to be unfamiliar to the State and Counties. If any information is not available or not applicable, write out "Not Available" or "Not Applicable" in the margin or other space as appropriate. Do not abbreviate "N.A.".
 2. The backup means of communications are the Bell line or County Emergency Response Radio. RP/0/A/5700/014, Enclosure 4.1 is available for needed backup numbers.
 3. Refer to page 6 of 9 of this Enclosure for instructions on how to use the County Emergency Response Radio if selective signaling or Bell line is not available.

- _____ 2.1 IF an upgrade in classification occurs prior to transmitting the initial message, THEN discard ENF paperwork and proceed to higher classification procedure. {PIP-M-01-3711}
- _____ 2.2 IF an upgrade in classification occurs while transmitting any message, THEN:
- _____ A. Notify agencies that an upgrade has occurred, and that new information will be supplied within 15 minutes.
- _____ B. Suspend any further transmission of the message that was being transmitted. {PIP-M-01-3711}
- _____ 2.3 Use the Selective Signaling telephone by dialing *1 and depressing the push to talk button.
- _____ 2.4 IF Selective Signaling Group Call fails, THEN go to RP/0/A/5700/014, Enclosure 4.1 for manual selective signaling numbers.

NOTE: The time when the first party is contacted should be recorded on Line 3.

- _____ 2.5 As the State and Counties answer, check them off on the back of the notification form. At least one attempt using the individual selective signaling code must be made for any missing agencies. **Proceed with the notification promptly following an attempt to get missing agencies on the line.**
- _____ 2.6 Check the State and Counties are on the line, document this time in item #3 on the form. This time should not exceed 15 minutes from the time of declaration (Item # 6).

**Initial Notification
Completion/Transmission**

2.7 Tell them you have an emergency notification from the McGuire Control Room and to get out the Emergency Notification Form.

2.8 Read the complete message slowly, line by line, beginning with Item # 1, allowing ample time to copy.

NOTE: Refer to page 7 of 9 of this enclosure for the authentication codeword list.

2.9 When you reach item #4, ask the State or a County to authenticate the message. The agency should give you a number and you should provide the appropriate codeword. Write the number and codeword on the form.

2.10 After communicating the initial message, ask if there are any questions. Record individuals' names and times on the back of the form. This time is the same time as Item #3.

2.11 After verbally transmitting the message, FAX a copy (front page only) to the agencies. Refer to pages 8 of 9 and 9 of 9 of this Enclosure for FAX operation.

2.12 Continuous attempts to contact missing agencies must be made if unable to complete the notification per step 2.3. Document the time these agencies were contacted on the back of the notification form.

**Initial Notification
Completion/Transmission**

COUNTY EMERGENCY RESPONSE RADIO

NOTE: This radio will only contact the County warning points. The State cannot be contacted on this radio. Have one of the Counties relay the message to the State.

Group Call:

- _____ 1. Press **20** to activate all County radio units.
- _____ 2. When the ready light comes on, press the bar on the transmitter microphone and say:

"This is McGuire Control Room to all Counties, do you copy?"

Once all Counties respond, begin transmitting the message using step 2.5 through 2.12 of this enclosure.

Proceed with the notification promptly following an attempt to get missing agencies on the air.

NOTE: RP/0/A/5700/014, Enclosure 4.1 is available for needed individual radio codes.

- _____ 3. If a County fails to respond on the group call, press their individual code on the encoder and say:
"This is McGuire Control Room to (Agency you are calling), do you copy?"

Once the County responds, begin transmitting the message using step 2.5 through step 2.12 of this enclosure.
- _____ 4. After you have finished transmitting the message, conclude the message by saying:
"This is WQC700 base clear."
- _____ 5. Continuous attempts to contact missing agencies must be made if unable to complete the notification per step 2. Document the time these agencies were contacted on the back of the notification form.

**Initial Notification
Completion/Transmission**

Page 7 of 9

AUTHENTICATION CODEWORD LIST

This page is left intentionally blank.

**Initial Notification
Completion/Transmission**

Page 8 of 9

OPERATION OF THE FAX

A. GROUP FAX

- NOTE:**
1. The FAX will dial each agency in sequence. If the FAX is busy, it will try again after completing the other calls.
 2. This sends a FAX to all County Warning Points, State EOC, TSC, EOF, News Group and JIC.

- _____ 1. Insert the Emergency Notification Form face down into the FAX.
- _____ 2. Press "GROUP FAX." button.
- _____ 3. Press "SEND/RECEIVE" button.

B. INDIVIDUAL FAX

- _____ 1. Insert the Emergency Notification Form face down into the FAX.
- _____ 2. Select location(s) to receive the fax:
 - _____ • Press News Group.
 - _____ • Press TSC.
 - _____ • Press State of North Carolina EOC.
 - _____ • Press Mecklenburg County Warning Point.
 - _____ • Press Gaston County Warning Point.
 - _____ • Press Lincoln County Warning Point.
 - _____ • Press Iredell County Warning Point.
 - _____ • Press Catawba County Warning Point.
 - _____ • Press Cabarrus County Warning Point.
 - _____ • Press EOF.
 - _____ • Press JIC.
- _____ 3. **WHEN** the appropriate individual location is selected, **THEN** press the "SEND/RECEIVE" button.

**Initial Notification
Completion/Transmission**

NOTE: RP/0/A/5700/014, Enclosure 4.1 is available for needed manual FAX numbers.

C. To send a FAX to a single location dialing manually:

- _____ 1. Insert the document face down into the FAX.
- _____ 2. Using the keypad, dial the number that you wish to call.
- _____ 3. Press "SEND/RECEIVE" button.

NRC Event Notification Worksheet

Page 1 of 2

NOTE: "THIS IS THE MCGUIRE NUCLEAR SITE IN NRC REGION 2 MAKING AN EVENT NOTIFICATION REPORT"

NOTIFICATION TIME/DATE	UNIT	CALLER'S NAME	CALLBACK TELEPHONE #. ENS 1-888-270-0173 or (704) - 875-6044	NRC OPERATIONS OFFICER CONTACTED	
EVENT TIME & ZONE _____ (time) Region II (zone)		EVENT DATE	POWER/MODE BEFORE	POWER/MODE AFTER	

EVENT CLASSIFICATIONS	1-Hr Non-Emergency 10 CFR 50 72(b)(1)	8-Hr Non-Emergency 10CFR 50 72(b)3
GENERAL EMERGENCY	(50 72 b1 (I)(B)) TS Deviation	(50 72 b3 (II)(A)) Degraded Condition
SITE AREA EMERGENCY		(50 72 b3 (II)(B)) Unanalyzed Condition
ALERT		(50 72 b3 (IV)(A)) Valid Actuation of System listed in Encl 4 3
UNUSUAL EVENT		(50 72 b3 (V)(A)) Safe S/D Capability
50.72 NON-EMERGENCY	1 Hr Non-Emergency	(50 72 b3 (V)(B)) RHR Capability
PHYSICAL SECURITY (73 71)	(70.52) (a) and (b) Accidental Criticality OR (72.74) (a) Loss or theft of SNM	(50 72 b3 (V)(C)) Control of Rad Release
TRANSPORTATION (10 CFR 20)	(50 36) Violation of a safety limit	(50 72 b3 (V)(D)) Accident Mitigation
MATERIAL/EXPOSURE (10 CFR 20)	MNS Facility Operating License Conditions	(50 72 b3 (X)(III)) Lost ENS
OTHER		(50 72 b3 (X)(III)) Lost Other Assess/Comms
		(50 72 b3 (X)(III)) Emergency Siren INOP
		(50 72 b3 (XII)) Offsite Medical

4-Hr Non-Emergency 10 CFR 50.72(b)(2)	24-Hr. Non-Emergency
(50 72 b2 (I)) TS Required S/D	McGuire Facility Operating License Conditions
(50 72 b2 (IV)(A)) ECCS Discharge to RCS	Material/Exposure (10CFR20)
(50 72 b2 (IV)(B)) RPS Actuation - critical scram	
(50 72 b2 (XI)) Offsite Notification	26 73 Significant events involving fitness for duty
(72.75)(b1) Rad exposure & release action impairment	(72 75)(c1) Contamination event restrictions.
(72.75)(b2) Spent Fuel Storage SSC defect	(72 75)(c2) Fuel Storage equipment failure.
(72.75)(b3) Spent Fuel Storage degradation.	
(72.75)(b4) Fuel Storage License deviation.	
(72.75)(b5) Fuel Storage related offsite medical	
(72.75)(b6) Fire/Explosion damage to Spent Fuel Storage.	

EVENT DESCRIPTION			
Include: Systems affected, actuations & their initiating signals, causes, effect of event on plant, actions taken or planned, etc.			
Continue on Enclosure 4.3 page 2 of 2 if necessary.			

NOTIFICATIONS	YES	NO	WILL BE	ANYTHING UNUSUAL OR NOT UNDERSTOOD? <input type="checkbox"/> YES <input type="checkbox"/> NO
NRC RESIDENT				(Explain above)
STATE(s)				DID ALL SYSTEMS FUNCTION AS REQUIRED YES <input type="checkbox"/> NO <input type="checkbox"/>
LOCAL				(Explain above)
OTHER GOV AGENCIES				MODE OF OPERATION
MEDIA/PRESS RELEASE				UNTIL CORRECTED
				EST. RESTART DATE:
				ADDITIONAL INFOR ON BACK <input type="checkbox"/> YES <input type="checkbox"/> NO

APPROVED BY: _____ TIME/DATE _____ / ____ / ____
Operations Shift Manager/Emergency Coordinator (eastern) mm dd yy

NRC Event Notification Worksheet

Page 2 of 2

RADIOLOGICAL RELEASES CHECK OR FILL IN APPLICABLE ITEMS (specific details/explanations should be covered in event description)						
LIQUID RELEASE	GASEOUS RELEASE	UNPLANNED RELEASE	PLANNED RELEASE	ONGOING	TERMINATED	
MONITORED	UNMONITORED	OFFSITE RELEASE	T S EXCEEDED	RM ALARMS	AREAS EVACUATED	
PERSONNEL EXPOSED OR CONTAMINATED		OFFSITE PROTECTIVE ACTIONS RECOMMENDED		State release path in description		

NOTE: Contact Radiation Protection Shift to obtain the following information

IF the notification is due and the information is not available,
THEN mark "Not Available" and complete the notification

	Release Rate (Ci/sec)	% T S. LIMIT	HOO GUIDE	Total Activity (Ci)	% T S. LIMIT	HOO GUIDE
Noble Gas			0.1 Ci/sec			1000 Ci
Iodine			10 uCi/sec			0.01 Ci
Particulate			1 uCi/sec			1 mCi
Liquid (excluding tritium & dissolved noble gases)			10 uCi/min			0.1 Ci
Liquid (tritium)			0.2 Ci/min			5 Ci
Total Activity						

RECORD MONITORS IN ALARM	PLANT STACK (EMF 35, 36, 37)	CONDENSER/ AIR EJECTOR (EMF 33)	MAIN STEAM LINE (UNIT 1-EMF 24,25,26,27 UNIT 2-EMF 10, 11, 12,13)	SG BLOWDOWN (EMF 34)	OTHER
RAD MONITOR READINGS:					
ALARM SETPOINTS: TRIP II					
T S LIMIT (If applicable)		NOT APPLICABLE		NOT APPLICABLE	

RCS OR SG TUBE LEAKS: CHECK OR FILL IN APPLICABLE ITEMS (specific details/explanations should be covered in event description)

LOCATION OF THE LEAK (e.g. SG#, valve, pipe, etc.)

LEAK RATE gpm/gpd	T S. LIMITS EXCEEDED	SUDDEN OR LONG TERM DEVELOPMENT	
LEAK START DATE: TIME	COOLANT ACTIVITY: PRIMARY (Last Sample)	Xe eq _____ mCi/ml	SECONDARY Xe eq _____ mCi/ml
		Iodine eq _____ mCi/ml	Iodine eq _____ mCi/ml

LIST OF SAFETY RELATED EQUIPMENT NOT OPERATIONAL:

EVENT DESCRIPTION (Continued from Enclosure 4.3 page 1 of 2)

**Follow-Up Notification
Completion/Transmission**

Page 1 of 6

1. Completion of the Emergency Notification Form

NOTE: If items 8 - 14 have not changed from the previous message, only items 1 - 7, 15 and 16 are required to be completed. Avoid using abbreviations or jargon likely to be unfamiliar to the State and Counties. If any information is not available or not applicable, write out "Not Available" or "Not Applicable" in the margin or other space as appropriate. Do not abbreviate "N.A.".

1.1 Complete Enclosure 4.1 (Emergency Notification Form as follows):

NOTE: Message #'s should be sequentially numbered throughout the drill/emergency.

_____ Item 1 Check A for Drill **OR** B for Actual Emergency **AND**
Check FOLLOW-UP **AND**
Write in message number.

NOTE: Certain events could occur at the plant site such that both units are affected. These may include: Enclosure 4.3 (Abnormal Rad Levels/Radiological Effluent), Enclosure 4.6 (Fires/Explosions and Security Events) and Enclosure 4.7 (Natural Disasters, Hazards and Other Conditions Affecting Plant Safety) from RP/0/A/5700/000, (Classification of Emergency). Consider this when completing the "unit designation" on line 2 of the Emergency Notification Form. {PIP 0-M97-4638}

NOTE: REPORTED BY: is the Communicator's name.

_____ Item 2 Write in the unit(s) **AND** Communicator's name.

NOTE: Transmittal time is the time you FAX the form to the agencies.

_____ Item 3 Write in the transmittal time **AND** date.

_____ Item 4 Authentication is not required when faxing.

_____ Item 5 Check C for SITE AREA EMERGENCY.

_____ Item 6 Check A for Emergency Declaration At: **AND**
Write the time **AND** date the classification was declared.

**Follow-Up Notification
Completion/Transmission**

NOTE: Reference RP/0/A/5700/000, (Classification of Emergency)

- _____ Item 7 Enter EAL Number and Emergency Description of the reason for declaring the emergency classification (in layman's terms, if possible). **DO NOT** use system abbreviations, acronyms or jargon which may cause confusion. Instead, write out the description in long hand. Be sensitive to the fact that certain descriptive technical terms may elicit unanticipated reactions from others. {PIP 0-M98-2065}

In addition, provide a description of changes in plant conditions since the last notification. Items to be considered for inclusion are as follows: {PIP 0-M98-2065}

- Other unrelated classifiable events (for example, during an Alert, an event which, by itself would meet the conditions for an Unusual Event)
- Major/Key Equipment Out of Service
- Emergency response actions underway
- Fire(s) onsite
- Flooding related to the emergency
- Explosions
- Loss of Offsite Power
- Core Uncovery
- Core Damage
- Medical Emergency Response Team activation related to the emergency
- Personnel injury related to the emergency or death
- Transport of injured individuals offsite - specify whether contaminated or not
- Site Evacuation/relocation of site personnel
- Saboteurs/Intruders/Suspicious devices/Threats
- Chemical or Hazardous Material Spills or Releases
- Extraordinary noises audible offsite
- Any event causing/requiring offsite agency response
- Any event causing increased media attention
- Remember to "close the loop" on items from previous notifications.

**Follow-Up Notification
Completion/Transmission**

Page 3 of 6

____ Item 8

Check the appropriate plant condition. {PIP M-097-4210 NRC-1}

- A. **Improving:** Emergency conditions are improving in the direction of a lower classification or termination of the event.
- B. **Stable:** The emergency situation is under control. Emergency core cooling systems, equipment, plans, etc., are operating as designed.
- C. **Degrading:** Given current and projected plant conditions/equipment status, recovery efforts are not expected to prevent entry into a higher emergency classification or the need to upgrade offsite Protective Action Recommendations.

____ Item 9

Check A SHUTDOWN AND write the time and date of Reactor ShutdownORCheck B AND write in the Reactor Power level.

Page 4 of 6

Item 10 Check the appropriate box for emergency release.

- **A NONE:** clearly no emergency release is occurring or has occurred.
- **B POTENTIAL:** discretionary option for the EC or EOFD.
- **C IS OCCURRING:** meets the specified conditions.
- **D HAS OCCURRED:** previously met the specified conditions.

**Follow-Up Notification
Completion/Transmission**

Page 5 of 6

1.2 **IF** follow-up notification is due and information for Items 11 through 14 cannot be obtained from RP shift, **THEN** mark each item "Not Available" and go to Item 15.

____ Item 11 Check GROUND LEVEL **AND**
Check A for AIRBORNE **OR** B for LIQUID **AND**
Write in the time **AND** date the release started **AND** stopped if available.

____ Item 12 Check CURIES PER SECOND **AND**
Check BELOW **OR** ABOVE normal operating limits **AND**
Check the appropriate blocks A, B, C, D **AND** write in the value(s).

NOTE: If unchanged from the previous notification, the information does not have to be repeated.

____ Item 13 Check NEW **OR** UNCHANGED **AND**
Write in the projection time **AND**
Write in the estimated duration **AND**
Write in the TEDE and Thyroid CDE values.

____ Item 14 Check A, B, C, D **AND** provide values for each.

____ Item 15 Check A, NO RECOMMENDED PROTECTIVE ACTIONS.

Item 16 Have the Emergency Coordinator approve the message **AND**
Write in the time **AND** date the message was approved.

**Follow-Up Notification
Completion/Transmission**

Page 6 of 6

2. Transmission of the Emergency Notification Form

NOTE: For routine, follow-up notifications, FAX a copy of the notification form instead of verbally transmitting the message (front page only). This applies only if the message does not involve a change in the emergency classification or the protective action recommendations or a termination of the emergency. Call each agency to verify they received the message.

- _____ 2.1 Insert the Emergency Notification Form (front page only) face down into the FAX.
- _____ 2.2 Press "GROUP FAX" button.
- _____ 2.3 Press "SEND/RECEIVE" button.
- _____ 2.4 **IF** programmed functions fail, **THEN** go to RP/0/A/5700/014, Enclosure 4.1 for manual FAX numbers.
- _____ 2.5 Ensure the State and Counties received the FAX by calling them.
- _____ 2.6 Ask if there are any questions on the Emergency Notification Form, then record individuals' names and times on the back of the form.

**Termination Notification
Completion/Transmission**

Page 1 of 6

1. Completion of the Emergency Notification Form

NOTE: A termination message should be marked as FOLLOW-UP on the Emergency Notification Form.

1.1 Complete Enclosure 4.1 (Emergency Notification Form) as follows:

_____ Item 1 Check A for Drill OR B for Actual Emergency AND
Check FOLLOW-UP AND
Write in message number.

NOTE: Certain events could occur at the plant site such that both units are affected. These may include: Enclosure 4.3 (Abnormal Rad Levels/Radiological Effluent), Enclosure 4.6 (Fires/Explosions and Security Events) and Enclosure 4.7 (Natural Disasters, Hazards and Other Conditions Affecting Plant Safety) from RP/0/A/5700/000, (Classification of Emergency). Consider this when completing the "unit designation" on line 2 of the Emergency Notification Form. {PIP 0-M97-4638}

NOTE: REPORTED BY: is the Communicator's name.

_____ Item 2 Write in the unit(s) AND Communicator's name.

NOTE: Information for Items 3 and 4 will be completed during transmission of the Emergency Notification Form.

_____ Item 3 Write in the transmittal time AND date.

_____ Item 4 Write in appropriate number AND codeword.

_____ Item 5 Check C for SITE AREA EMERGENCY.

_____ Item 6 Check B for Termination At: AND
Write the time AND date the classification was terminated.

_____ Item 16 Have the Emergency Coordinator approve the message AND
Write in the time AND date the message was approved.

**Termination Notification
Completion/Transmission****2. Transmission of the Emergency Notification Form**

- NOTE:**
1. All termination notifications are **verbal**. Avoid using abbreviations or jargon likely to be unfamiliar to the State and Counties. If any information is not available or not applicable, write out "Not Available" or "Not Applicable" in the margin or other space as appropriate. Do not abbreviate "N.A.".
 2. The backup means of communications are the Bell line or County Emergency Response Radio. RP/0/A/5700/014, Enclosure 4.1 is available for needed backup numbers.
 3. Refer to page 3 of 6 of this enclosure for instructions on how to use the County Emergency Response Radio if selective signaling or Bell line is not available.

- _____ 2.1 Use the Selective Signal telephone by dialing *1 and depressing the push to talk button.
- _____ 2.2 **IF** Selective Signaling Group Call fails, **THEN** go to RP/0/A/5700/014, Enclosure 4.1 for manual selective signaling numbers. ,
- _____ 2.3 As the State and Counties answer, check them off on the back of the notification form. At least one attempt using the individual selective signaling code must be made for any missing agencies. **Proceed with the notification promptly following an attempt to get missing agencies on the line.**
- _____ 2.4 Check the State and Counties are on the line, document this time in item #3 on the form
- _____ 2.5 Tell them you have an emergency notification from the McGuire Control Room and to get out the Emergency Notification Form.
- _____ 2.6 Read the complete message slowly, line by line, beginning with Item # 1, allowing ample time to copy.

NOTE: Refer to page 4 of 6 of this Enclosure for the authentication codeword list.

- _____ 2.7 When you reach item #4, ask the State or a County to authenticate the message. The agency should give you a number and you should provide the appropriate codeword. Write the number and codeword on the form.
- _____ 2.8 After communicating the message, ask if there are any questions. Record individuals' names and times on the back of the form. This time is the same time as Item #3.
- _____ 2.9 After verbally transmitting the message, FAX a copy (front page only) to the agencies. Refer to page 5 of 6 and 6 of 6 of this enclosure for FAX operation.

**Termination Notification
Completion/Transmission**

- 2.10 Continuous attempts to contact missing agencies must be made if unable to complete the notification per step 2.3. Document the time these agencies were contacted on the back of the notification form.

COUNTY EMERGENCY RESPONSE RADIO

NOTE: This radio will only contact the County warning points. The State cannot be contacted on this radio. Have one of the Counties relay the message to the State.

Group Call:

1. Press **20** to activate all County radio units.
2. When the ready light comes on, press the bar on the transmitter microphone and say:
"This is McGuire Control Room to all Counties, do you copy?"

Once all Counties respond, begin transmitting the message using step 2.3 through step 2.10 of this enclosure.

Proceed with the notification promptly following an attempt to get missing agencies on the air.

NOTE: RP/0/A/5700/014, Enclosure 4.1 is available for needed individual radio codes.

3. If a County fails to respond on the group call, press their individual code on the encoder and say:
"This is McGuire Control Room to (Agency you are calling), do you copy?"

Once the County responds, begin transmitting the message using step 2.3 through step 2.10 of this enclosure.

4. After you have finished transmitting the message, conclude the message by saying:
"This is WQC700 base clear."
5. Continuous attempts to contact missing agencies must be made if unable to complete the notification per Step 2. Document the time these agencies were contacted on the back of the notification form.

**Termination Notification
Completion/Transmission**

Page 4 of 6

AUTHENTICATION CODEWORD LIST

This page is left intentionally blank.

**Termination Notification
Completion/Transmission**

Page 5 of 6

OPERATION OF THE FAX**A. GROUP FAX**

- NOTE:**
1. The FAX will dial each agency in sequence. If the FAX is busy, it will try again after completing the other calls.
 2. This sends a FAX to all County Warning Points, State EOC, TSC, EOF, News Group and JIC.

- _____ 1. Insert the Emergency Notification Form face down into the FAX.
- _____ 2. Press "GROUP FAX" button.
- _____ 3. Press "SEND/RECEIVE" button.

B. INDIVIDUAL FAX

- _____ 1. Insert the Emergency Notification Form face down into the FAX.
- _____ 2. Select location(s) to receive the fax:
 - _____ • Press News Group.
 - _____ • Press TSC.
 - _____ • Press State of North Carolina EOC.
 - _____ • Press Mecklenburg County Warning Point.
 - _____ • Press Gaston County Warning Point.
 - _____ • Press Lincoln County Warning Point.
 - _____ • Press Iredell County Warning Point.
 - _____ • Press Catawba County Warning Point.
 - _____ • Press Cabarrus County Warning Point.
 - _____ • Press EOF.
 - _____ • Press JIC.
- _____ 3. **WHEN** the appropriate individual location is selected, **THEN** press the "SEND/RECEIVE" button.

**Termination Notification
Completion/Transmission**

OPERATION OF THE FAX

NOTE: RP/0/A/5700/014, Enclosure 4.1 is available for needed manual FAX numbers.

C. To send a FAX to a single location dialing manually:

- _____ 1. Insert the document face down in the FAX.
- _____ 2. Using the keypad, dial the number that you wish to call.
- _____ 3. Press "SEND/RECEIVE" button.

Emergency Coordinator / Emergency Operations Facility Director Turnover Checklist

Page 1 of 1

UNIT(S) AFFECTED:

U1 _____ U2 _____

(PIP-M-99-3800)

GENERAL	DATE: _____	POWER LEVEL	NCS TEMP	NCS PRESS
	TIME: _____	U-1 _____	_____	_____
EMERGENCY CLASSIFICATION	NOUE DECLARED AT: _____ ALERT DECLARED AT: _____ SAE DECLARED AT: _____ G.E. DECLARED AT: _____ REASON FOR EMER CLASS: _____ _____ _____			
	TSC ACTIVATED AT: _____ EOF ACTIVATED AT: _____			
SITE ASSEMBLY SITE EVACUATION	YES	NO	TIME	LOCATION OR COMMENTS
	SITE ASSEMBLY	_____	_____	_____
	SITE EVAC. (NON-ESSEN.)	_____	_____	_____
	SITE EVAC. (ESSENTIAL)	_____	_____	_____
	OTHER OFFSITE AGENCY INVOLVEMENT	_____	_____	_____
	MEDICAL	_____	_____	_____
	FIRE	_____	_____	_____
	POLICE	_____	_____	_____
RADIOLOGICAL	NUMBER ASSEM.	NUMBER DEPLOYED		
	FIELD MON. TEAMS	_____		
	ZONES EVAC	_____	ZONES SHELTERED	
	PARS:	_____	_____	
	YES	NO		
	RELEASE IN PROGRESS	_____		
	RELEASE PATHWAY	_____		
	CONTAINMENT PRESSURE	_____ PSIG		
OFFSITE COMMUNICATION	WIND DIRECTION	_____	WIND SPEED	_____
	NUMBER	TIME		
	LAST MESSAGE SENT:	_____	_____	
	NEXT MESSAGE DUE:	_____	_____	
NOTE: EOF COMMUNICATION CHECKS SHOULD BE COMPLETED PRIOR TO ACTIVATING THE EOF.				
OTHER NOTES RELATED TO THE ACCIDENT/EVENT/PLANT EQUIPMENT FAILED OR OUT OF SERVICE				

Request for Emergency Exposure (a)

Page 1 of 1

<u>Activity</u>	<u>Total Effective Dose Equivalent (TEDE)</u>	<u>Lens of Eye</u>	<u>Other Organs (b)</u>
All	5 rem	15 rem	50 rem
Protecting Valuable Property	10 rem	30 rem	100 rem
Lifesaving or Protection of Large Populations	25 rem	75 rem	250 rem
Lifesaving or Protection of Large Populations (c)	>25 rem	>75 rem	>250 rem

(a) Excludes declared pregnant women

(b) Includes skin and body extremities

(c) Only on a volunteer basis to persons fully aware of the risks involved. All factors being equal, select volunteers above the age of 45 and those who normally encounter little exposure.

RP Badge No	Name	Age	Employer	Signature of Individual

My signature indicates my acknowledgement that I have been informed that I may be exposed to the levels of radiation indicated above. I have been fully briefed on the task to be accomplished and on the risks of this exposure.

I, _____ acknowledge this planned Emergency Exposure _____.
(RPM or designee, signature or note of verbal authorization) Date/Time

I, _____ approve this planned Emergency Exposure at _____.
(Emergency Coordinator or EOF Director, signature or note of verbal authorization) Date/Time

Subsequent Radiation Protection Action:

- Determine need of medical evaluation
- Initiate reporting requirements per 10CFR 20
- Copy to Individual's Exposure History File

1. Immediate Actions

Initial

- 1.1 The Operations Shift Manager or designee **SHALL ANNOUNCE** the event over the plant P.A. system by performing the following:

_____ 1.1.1 Turn on the outside page speakers.

NOTE: • For drill purposes, state "This is a drill. This is a drill."

- Any plant phone in the Control Room horse shoe area or extension 4021 is programmed to access 710, site all call. {PIP 0-M98-2545}

_____ 1.1.2 Dial 710; pause, dial 80. Following the beep, announce "A Site Area Emergency has been declared". Provide a brief description of the event (may be written below) and announce "Activate the TSC/OSC and EOF".

_____ 1.1.3 Repeat the preceding announcement one time.

_____ 1.1.4 Turn off the outside page speakers.

_____ 1.2 **IF** valid trip II alarm occurs on any one of the following:

1 **OR** 2 EMF36(L)

1 EMF24, 25, 26, 27

2 EMF10, 11, 12, 13

THEN immediately contact RP shift at 4282 to perform HP/0/B/1009/029 (Initial Response On-Shift Dose Assessment).

_____ 1.3 **IF** box C (IS OCCURRING) or box D (HAS OCCURRED) from **Item 10 (EMERGENCY RELEASE)** on Enclosure 4.1 (Emergency Notification Form) is checked, **THEN** immediately contact RP shift at 4282 to perform HP/0/B/1009/029 (Initial Response On-Shift Dose Assessment).

OSM Immediate and Subsequent Actions

Page 2 of 2

- 1.4 **IF** an upgrade in classification occurs prior to transmitting the initial message, **THEN** notify the Offsite Agency Communicator to discard ENF paperwork and proceed to higher classification procedure. {PIP-0-M01-3711}
- 1.5 **IF** and upgrade in classification occurs while transmitting any message, **THEN** notify the Offsite Agency Communicator to perform the following:
- _____ A. Notify the agencies an upgrade has occurred, and that new information will be provided within 15 minutes.
 - _____ B. Suspend any further transmission of the message that was being transmitted. {PIP-M-01-3711}

2. Subsequent Actions

NOTE: Site Assembly is a required on-site protective action in response to an Alert or higher declaration.

- _____ 2.1 **IF** a site assembly has not already been initiated, **THEN** refer to RP/0/A/5700/011 (Conducting a Site Assembly, Site Evacuation or Containment Evacuation) to evaluate and initiate a site assembly.
- _____ 2.2 Augment shift resources to assess and respond to the emergency situation as needed.
- _____ 2.3 **GO TO** Step 3.1 in the body of this procedure and continue with the prescribed subsequent actions.

WCC SRO Immediate and Subsequent
Actions

Page 1 of 1

1. Immediate Actions

Initial

- NOTE:**
1. Initial notification to the State and Counties must be made within 15 minutes of the event declaration, using Enclosure 4.1.
 2. Enclosure 4.2 has instructions for completion/transmission of the Emergency Notification Form.

- _____ 1.1 **IF** an upgrade in classification occurs prior to transmitting the initial message, **THEN** discard ENF paperwork and proceed to higher classification procedure. {PIP-0-M01-3711}
- _____ 1.2 **IF** an upgrade in classification occurs while transmitting any message, **THEN**:
- _____ A. Notify agencies that an upgrade has occurred, and that new information will be supplied within 15 minutes.
- _____ B. Suspend any further transmission of the message that was being transmitted. {PIP-0-M01-3711}
- _____ 1.3 Complete items 1 -10, 15 and 16 on Enclosure 4.1 (Emergency Notification Form) in accordance with Enclosure 4.2, Section 1.
- _____ 1.4 Make initial notification to State and County authorities using the Emergency Notification Form in accordance with Enclosure 4.2, Section 2.

2. Subsequent Actions

- _____ 2.1 Notify the NRC Operations Center by completing Enclosure 4.3 and transmitting immediately but no later than 1 hour of the event declaration using RP/0/A/5700/014, Enclosure 4.2.
- _____ 2.2 Inform the OSM when this enclosure has been completed, reporting any deficiencies or problems encountered.

1. Immediate Actions

Initial

NOTE: For a Drill, the Community Alert Network (CAN) is not activated.

1.1 For a security event, go to steps 1.4, 1.5, and 1.6.

1.2 Activate the Emergency Response Organization by contacting Security via the ringdown phone to the CAS/SAS, or at extension 2688 or 4900 and issue the following message:

1.2.1 For a Drill "Activate the TSC/OSC/EOF pagers, McGuire Delta, Site Area Emergency declared at _____ (time)."

1.2.2 For an Emergency "Activate the TSC/OSC/EOF pagers, McGuire Echo, Site Area Emergency declared at _____ (time)."
AND
"Activate the CAN system."

NOTE:

- For a Drill, the Emergency Response Data System (ERDS) is not activated.
- ERDS can only be activated / deactivated from designated computer terminals with SDS access. These are located in the Shift Work Manager's office, the Data Coordinators' room in the TSC and all within the Control Room horse shoe area.

1.3 For an Emergency, activate the Emergency Response Data System (ERDS) as soon as possible, but not later than one hour after the emergency declaration per the following:

1.3.1 Ensure SDS is running on the selected terminal.

1.3.2 Click on MAIN.

1.3.3 Click on GENERAL.

1.3.4 Click on ERDS.

1.3.5 Click on ACTIVATE.

1.3.6 Record the time and date ERDS was activated. TIME/DATE ____/____/____
Eastern mm dd yy

1.3.7 Inform the OSM that ERDS was activated.

1.3.8 **IF** ERDS failed to activate after five (5) attempts, **THEN** have an Offsite Agency Communicator notify the NRC via ENS or other available means.

STA Immediate and Subsequent Actions

Page 2 of 2

- 1.4 For a drill, **IF** a security event exists and offsite ERO staging is desired before giving instructions to report to the TSC and OSC, **THEN** contact Security via the ringdown phone to the CAS/SAS, or at extension 2688 or 4900, and give instructions to activate the TSC/OSC, according to the Emergency Response Pager Instructions for a security event drill.
- 1.5 For an actual emergency, **IF** a security event exists and offsite ERO staging is desired before giving instructions to report to the TSC/OSC, **THEN** contact Security via the ringdown phone to the CAS/SAS, or at extension 2688 or 4900, and give instructions to activate the TSC/OSC, according to the Emergency Response Pager Instructions for a security event emergency.
- 1.6 When the security event is stabilized to the point that ERO members can come on site, go to step 1.2.

2. Subsequent Actions

- 2.1 Notify one of the NRC Resident Inspectors using RP/0/A/5700/014, Enclosure 4.2.
- 2.2 Contact Duke Management using RP/0/A/5700/014, Enclosure 4.3 as soon as possible following event declaration.
- 2.3 Inform the OSM when this enclosure has been completed, reporting any deficiencies or problems.

Duke Power Company
PROCEDURE PROCESS RECORD

(1) ID No. RP/0/A/5700/004

Revision No. 017

PREPARATION

(2) Station McGuire Nuclear Station

(3) Procedure Title General Emergency

(4) Prepared By J M Cooke Date 7-3-02

(5) Requires NSD 228 Applicability Determination?

☒ Yes (New procedure or revision with major changes)

☐ No (Revision with minor changes)

☐ No (To incorporate previously approved changes)

(6) Reviewed By [Signature] (QR) Date 7/24/02

Cross-Disciplinary Review By _____ (QR) NA 9th Date 7/24/02

Reactivity Mgmt. Review By _____ (QR) NA 9th Date 7/24/02

Mgmt. Involvement Review By _____ (Ops.Supt) NA 9th Date 7/24/02

Reviewed By _____ Date _____

Reviewed By _____ Date _____

(8) Temporary Approval (if necessary)

By _____ (OSM/QR) Date _____

By _____ (QR) Date _____

(9) Approved By R. L. Murray Date 10-1-02

PERFORMANCE (Compare with Control Copy every 14 calendar days while work is being performed.)

(10) Compared with Control Copy _____ Date _____

Compared with Control Copy _____ Date _____

Compared with Control Copy _____ Date _____

(11) Date(s) Performed _____

Work Order Number (WO#) _____

COMPLETION

(12) Procedure Completion Verification

☐ Yes ☐ N/A Check lists and/or blanks initialed, signed, dated or filled in NA, as appropriate?

☐ Yes ☐ N/A Required enclosures attached?

☐ Yes ☐ N/A Data sheets attached, completed, dated and signed?

☐ Yes ☐ N/A Charts, graphs, etc. attached, dated, identified, and marked?

☐ Yes ☐ N/A Procedure requirements met?

Verified By _____ Date _____

(13) Procedure Completion Approved _____ Date _____

(14) Remarks (attach additional pages, if necessary)

**Duke Power Company
McGuire Nuclear Station**

General Emergency

Reference Use

Procedure No.

RP/0/A/5700/004

Revision No.

017

Electronic Reference No.

MC0048M7

General Emergency

1. Symptoms

Events are in process or have occurred which involve actual or imminent substantial core degradation or melting with potential for loss of containment integrity.

2. Immediate Actions

NOTE: • The Immediate Actions and part of the Subsequent Actions have been separated into position specific enclosures to enhance timely completion and consistent execution.

_____ 2.1 The following Enclosures should be given to the appropriate personnel:

- The OSM should execute Enclosure 4.9 (OSM Immediate and Subsequent Actions) in a timely manner.
- The WCC SRO, or another SRO designated by the OSM should execute Enclosure 4.10 (WCC SRO Immediate and Subsequent Actions) in a timely manner.
- The STA should execute Enclosure 4.11 (STA Immediate and Subsequent Actions) in a timely manner.

3. Subsequent Actions

3.1 Follow-up Notifications

NOTE: **IF** changes to the initial Protective Action Recommendations are recognized and approved by the Emergency Coordinator, these changes shall be transmitted to the offsite agencies within 15 minutes. {PIP-M-00-02138}

- _____ 3.1.1 Assess protective action recommendations made to the State and Counties in the previous notification. Refer to Enclosure 4.2, page 1 of 4.
- _____ 3.1.2 The Emergency Coordinator shall make follow-up notifications to State and County authorities utilizing Enclosure 4.1 (Emergency Notification Form):
 - Every hour until the emergency is terminated
 - OR**
 - If there is any significant change to the situation
 - OR**
 - As agreed upon with each individual agency. Documentation shall be maintained for any agreed upon schedule change and the interval shall not be greater than 2 hours to any agency.
- _____ 3.1.3 Complete Enclosure 4.1 (Emergency Notification Form) in accordance with Enclosure 4.5, Section 1.
- _____ 3.1.4 Make follow-up notification to State and County authorities using the Emergency Notification Form in accordance with Enclosure 4.5, Section 2.

- _____ 3.2 Ensure completion of Enclosure 4.7 (Emergency Coordinator / Emergency Operations Facility Director Turnover Checklist) prior to turnover of Emergency Coordinator responsibilities.

NOTE: A TSC preprogrammed fax button is available on the Control Room fax machine.

IF changes to the initial Protective Action Recommendations are recognized during the turnover, the turnover should not be completed until the Control Room transmits this notification to the offsite agencies. {PIP-M-0-00541}

- 3.3 **WHEN** TSC Emergency Coordinator is ready to receive turnover **THEN** perform one of the following to facilitate turnover:

_____ • Hand deliver turnover sheet to the TSC Emergency Coordinator.

OR

_____ • Fax turnover sheet to the TSC

- _____ 3.4 In the event that a worker's behavior or actions contributed to an actual or potential substantial degradation of the level of safety of the plant (incidents resulting in an Alert or higher emergency declaration), the supervisor must consider and establish whether or not a for cause drug/alcohol screen is required. The FFD Program Administrator or designee is available to discuss/assist with the incident.

3.5 Protective Actions Onsite

- _____ 3.5.1 Evacuate non-essential personnel from the site after all personnel have been accounted for via Site Assembly. Refer to RP/0/A/5700/011 (Conducting a Site Assembly, Site Evacuation or Containment Evacuation).

- _____ 3.5.2 **IF** a situation which is immediately hazardous to life or valuable property exists, **THEN** evaluate potential dose rates by one of the following methods:

- a. Contact RP Shift at Ext. 4282
- b. Assess area monitors

- _____ 3.5.3 Complete Enclosure 4.8 (Request for Emergency Exposure), prior to dispatch of emergency workers if emergency situation precludes documentation.

3.6 Using Section D of the Emergency Plan (EAL Basis), assess the emergency condition:

_____ 3.6.1 Remain in a General Emergency,

OR

_____ 3.6.2 Terminate the emergency. **REFER TO** RP/0/A/5700/012 (Activation of the Technical Support Center {TSC}), Enclosure 4.19 for termination criteria.

3.7 Termination Notifications

NOTE: Enclosure 4.6 has instructions for completion and transmission of termination notifications.

_____ 3.7.1 Complete Enclosure 4.1 (Emergency Notification Form) in accordance with Enclosure 4.6, Section 1.

_____ 3.7.2 Make termination notification to State and County authorities using the Emergency Notification Form in accordance with Enclosure 4.6, Section 2.

4. Enclosures

4.1 Emergency Notification Form.

4.2 Guidance for Offsite Protective Actions

4.3 Initial Notification Completion/Transmission

4.4 NRC Event Notification Worksheet

4.5 Follow-up Notification Completion/Transmission

4.6 Termination Notification Completion/Transmission

4.7 Emergency Coordinator / Emergency Operations Facility Director Turnover Checklist

4.8 Request for Emergency Exposure

4.9 OSM Immediate and Subsequent Actions {PIP 0-M97-4638}

4.10 WCC SRO Immediate and Subsequent Actions {PIP 0-M97-4638}

4.11 STA Immediate and Subsequent Actions {PIP 0-M97-4638}

EMERGENCY NOTIFICATION

1. ☒ THIS IS A DRILL ☐ ACTUAL EMERGENCY ☐ INITIAL ☐ FOLLOW-UP MESSAGE NUMBER _____

2 SITE: McGuire Nuclear Site UNIT: _____ REPORTED BY: _____

TRANSMITTAL TIME/DATE: _____ / _____ / _____ (Eastern) mm dd yy CONFIRMATION PHONE NUMBER: (704) 875-6044

4. AUTHENTICATION (If Required): _____ (Number) _____ (Codeword)

5. EMERGENCY CLASSIFICATION:

☒ NOTIFICATION OF UNUSUAL EVENT ☐ ALERT ☐ SITE AREA EMERGENCY ☐ GENERAL EMERGENCY

6. ☒ Emergency Declaration At: ☐ Termination At: TIME/DATE: _____ / _____ / _____ (Eastern) mm dd yy (If B, go to item 16.)

7. EMERGENCY DESCRIPTION/REMARKS: _____

8. PLANT CONDITION: ☒ IMPROVING ☐ STABLE ☐ DEGRADING

9. REACTOR STATUS: ☒ SHUTDOWN: TIME/DATE: _____ / _____ / _____ (Eastern) mm dd yy ☐ _____ % POWER

10. EMERGENCY RELEASE(S):

☒ NONE (Go to item 14.) ☐ POTENTIAL (GO TO ITEM 14.) ☐ IS OCCURRING ☐ HAS OCCURRED

**11. TYPE OF RELEASE: ☐ ELEVATED ☐ GROUND LEVEL

☒ AIRBORNE: Started: _____ / _____ / _____ Time (Eastern) Date

Stopped: _____ / _____ / _____ Time (Eastern) Date

☐ LIQUID: Started: _____ / _____ / _____ Time (Eastern) Date

Stopped: _____ / _____ / _____ Time (Eastern) Date

**12. RELEASE MAGNITUDE: ☐ CURIES PER SEC. ☐ CURIES NORMAL OPERATING LIMITS: ☐ BELOW ☐ ABOVE

☒ NOBLE GASES _____

☐ IODINES _____

☐ PARTICULATES _____

☐ OTHER _____

**13. ESTIMATE OF PROJECTED OFFSITE DOSE: ☐ NEW ☐ UNCHANGED PROJECTION TIME: _____ (Eastern)

SITE BOUNDARY
 2 MILES _____
 5 MILES _____
 10 MILES _____

TEDE
 mrem

Thyroid CDE
 mrem

ESTIMATED DURATION: _____ HRS.

**14. METEOROLOGICAL DATA: ☒ WIND DIRECTION (from) _____ ° ☐ SPEED (mph) _____
☐ STABILITY CLASS _____ ☐ PRECIPITATION (type) _____

15. RECOMMENDED PROTECTIVE ACTIONS:

☒ NO RECOMMENDED PROTECTIVE ACTIONS
☐ EVACUATE _____
☐ SHELTER IN-PLACE _____
☐ OTHER _____

Emergency
 Coordinator

APPROVED BY: _____ (Name)

TIME/DATE: _____ (Eastern) mm dd yy

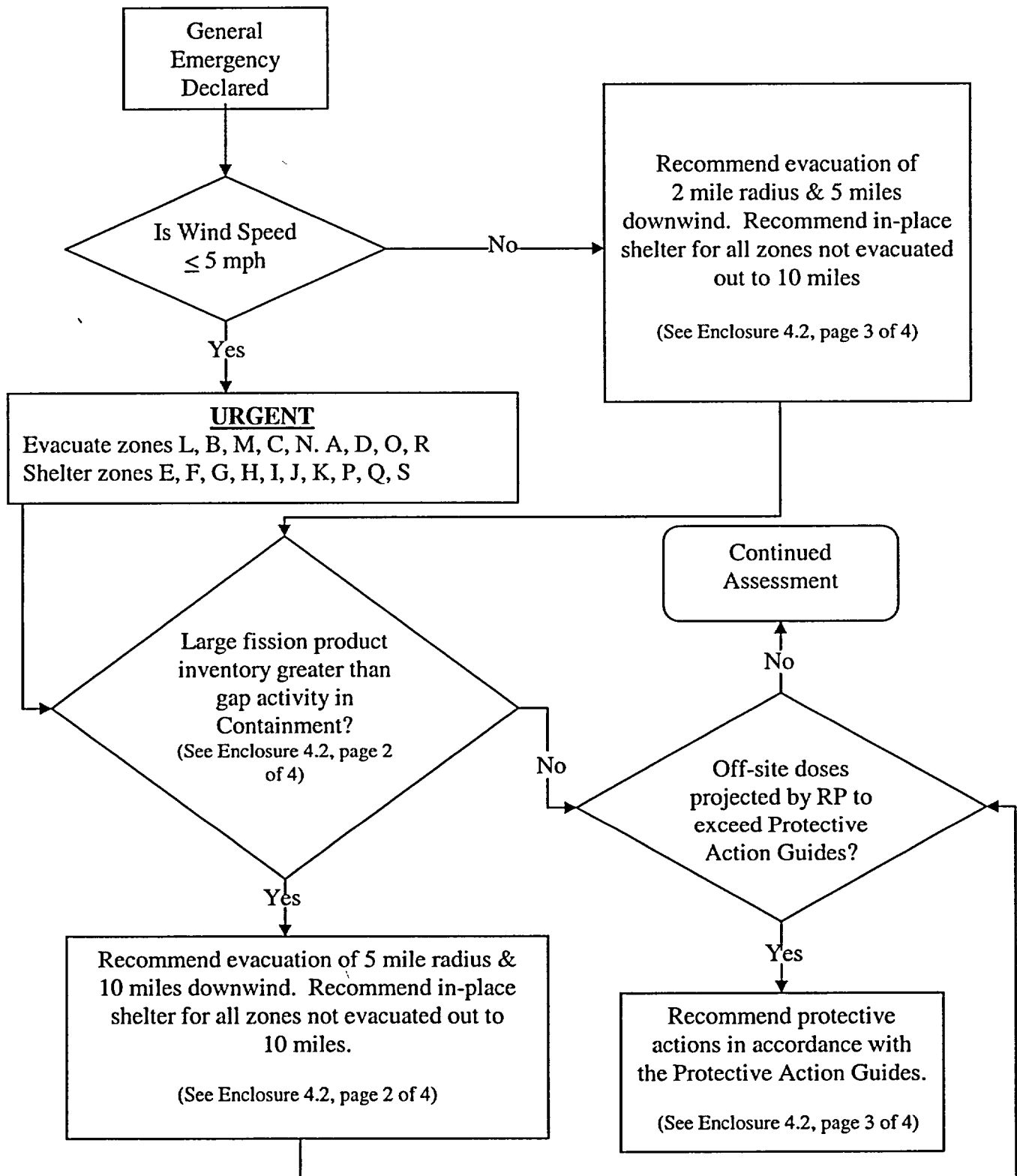
* If items 8-14 have not changed, only items 1-7 and 15-16 are required to be completed.

** Information may not be available on initial notifications.

GOVERNMENT AGENCIES NOTIFIED

Record the name, date, time and agencies notified:

1. (name) _____
(date) _____ (time) _____ (agency) **NC State**
EOC Sel. Sig. 314
EOC Bell Line (919) 733-3943
2. (name) _____
(date) _____ (time) _____ (agency) **Mecklenburg County**
WP Sel. Sig. 116
WP Bell line 943-6200
3. (name) _____
(date) _____ (time) _____ (agency) **Gaston County**
WP Sel. Sig. 112
WP Bell Line (704) 866-3300
4. (name) _____
(date) _____ (time) _____ (agency) **Lincoln County**
WP Sel. Sig. 113
WP Bell line (704) 735-8202
5. (name) _____
(date) _____ (time) _____ (agency) **Iredell County**
WP Sel. Sig. 114
WP Bell line (704) 878-3039
6. (name) _____
(date) _____ (time) _____ (agency) **Catawba County**
WP Sel. Sig. 118
WP Bell line (828) 464-3112
7. (name) _____
(date) _____ (time) _____ (agency) **Cabarrus County**
WP Sel. Sig. 119
WP Bell line (704) 788-3108



Guidance for Off-site Protective Actions

GUIDANCE FOR DETERMINATION OF GAP ACTIVITY

NOTE: Fission product inventory inside containment is greater than gap activity if the containment radiation level exceeds the levels in the table below.

— If the OAC is available, call up the following computer points based on need:

Unit 1 OAC
M1A0829 1EMF51A
M1A0835 1EMF51B

Unit 2 OAC
M2A0829 2EMF51A
M2A0835 2EMF51B

TIME AFTER
SHUTDOWN (HOURS)

CONTAINMENT MONITOR READING (R/HR)
EMF 51A or 51B (100% GAP Activity Release)

0	2,340
0-2	864
2-4	624
4-8	450
> 8	265

Protective Action Zones Determination

For Containment Radiation Levels Exceeding GAP Activity		
Wind Direction (deg from N) Chart Recorder 1EEBCR9100 Point # 8 Average Upper Wind Direction	Evacuate 5 Mile Radius-10 Mile Downwind	Shelter
0 - 22.5	L,B,M,C,N,A,D,O,R,E,S,F	G,H,I,J,K,P,Q
22.6 - 45.0	L,B,M,C,N,A,D,O,R,E,Q,S	F,G,H,I,J,K,P
45.1 - 67.5	L,B,M,C,N,A,D,O,R,E,Q,S	F,G,H,I,J,K,P
67.6 - 90.0	L,B,M,C,N,A,D,O,R,P,Q,S	E,F,G,H,I,J,K
90.1 - 112.5	L,B,M,C,N,A,D,O,R,K,P,Q,S	E,F,G,H,I,J
112.6 - 135.0	L,B,M,C,N,A,D,O,R,I,K,P,Q,S	E,F,G,H,J
135.1 - 157.5	L,B,M,C,N,A,D,O,R,I,K,P,Q	E,F,G,H,J,S
157.6 - 180.0	L,B,M,C,N,A,D,O,R,I,J,K,P	E,F,G,H,Q,S
180.1 - 202.5	L,B,M,C,N,A,D,O,R,G,H,I,J,K,P	E,F,Q,S
202.6 - 225.0	L,B,M,C,N,A,D,O,R,G,H,I,J,K,P	E,F,Q,S
225.1 - 247.5	L,B,M,C,N,A,D,O,R,F,G,H,I,J	E,K,P,Q,S
247.6 - 270.0	L,B,M,C,N,A,D,O,R,F,G,H,I,J	E,K,P,Q,S
270.1 - 292.5	L,B,M,C,N,A,D,O,R,E,F,G,H,J	I,K,P,Q,S
292.6 - 315.0	L,B,M,C,N,A,D,O,R,E,F,G	H,I,J,K,P,Q,S
315.1 - 337.5	L,B,M,C,N,A,D,O,R,E,F,G	H,I,J,K,P,Q,S
337.6 - 359.9	L,B,M,C,N,A,D,O,R,E,F,S	G,H,I,J,K,P,Q

Enclosure 4.2
Guidance for Off-site Protective Actions

RP/0/A/5700/004
Page 3 of 4

Protective Action Zones Determination

Wind Speed Greater than 5 Miles per Hour		
Wind Direction (deg from N) Chart Recorder 1EEBCR9100 Point # 8 Average Upper Wind Direction	Evacuate 2 Mile Radius-5 Mile Downwind	Shelter
0 - 22.5	L,B,M,C,D,O,R	A,E,F,G,H,I,J,K,N,P,Q,S
22.6 - 45.0	L,B,M,C,D,O,R	A,E,F,G,H,I,J,K,N,P,Q,S
45.1 - 67.5	L,B,M,C,D,O,R	A,E,F,G,H,I,J,K,N,P,Q,S
67.6 - 90.0	L,B,M,C,D,O,R,N	A,E,F,G,H,I,J,K,P,Q,S
90.1 - 112.5	L,B,M,C,O,R,N	A,D,E,F,G,H,I,J,K,P,Q,S
112.6 - 135.0	L,B,M,C,O,N,R,A	D,E,F,G,H,I,J,K,P,Q,S
135.1 - 157.5	L,B,M,C,O,A,N	D,E,F,G,H,I,J,K,P,Q,R,S
157.6 - 180.0	L,B,M,C,A,N	D,E,F,G,H,I,J,K,O,P,Q,R,S
180.1 - 202.5	L,B,M,C,A,N	D,E,F,G,H,I,J,K,O,P,Q,R,S
202.6 - 225.0	L,B,M,C,A,N,D	E,F,G,H,I,J,K,O,P,Q,R,S
225.1 - 247.5	L,B,M,C,A,D	E,F,G,H,I,J,K,N,O,P,Q,R,S
247.6 - 270.0	L,B,M,C,A,D	E,F,G,H,I,J,K,N,O,P,Q,R,S
270.1 - 292.5	L,B,M,C,A,D	E,F,G,H,I,J,K,N,O,P,Q,R,S
292.6 - 315.0	L,B,M,C,A,D	E,F,G,H,I,J,K,N,O,P,Q,R,S
315.1 - 337.5	L,B,M,C,D,R	A,E,F,G,H,I,J,K,N,O,P,Q,S
337.6 - 359.9	L,B,M,C,D,R	A,E,F,G,H,I,J,K,N,O,P,Q,S

GUIDANCE FOR OFFSITE PROTECTIVE ACTIONS

PAGs

(Projected Dose)

Total Effective Dose Equivalent (TEDE)	Committed Dose Equivalent (CDE) Thyroid	Recommendation
< 1 rem	< 5 rem	No Protective Action is required based on projected dose.
≥ 1 rem	≥ 5 rem	Evacuate affected zones and shelter the remainder of the 10 mile EPZ not evacuated.

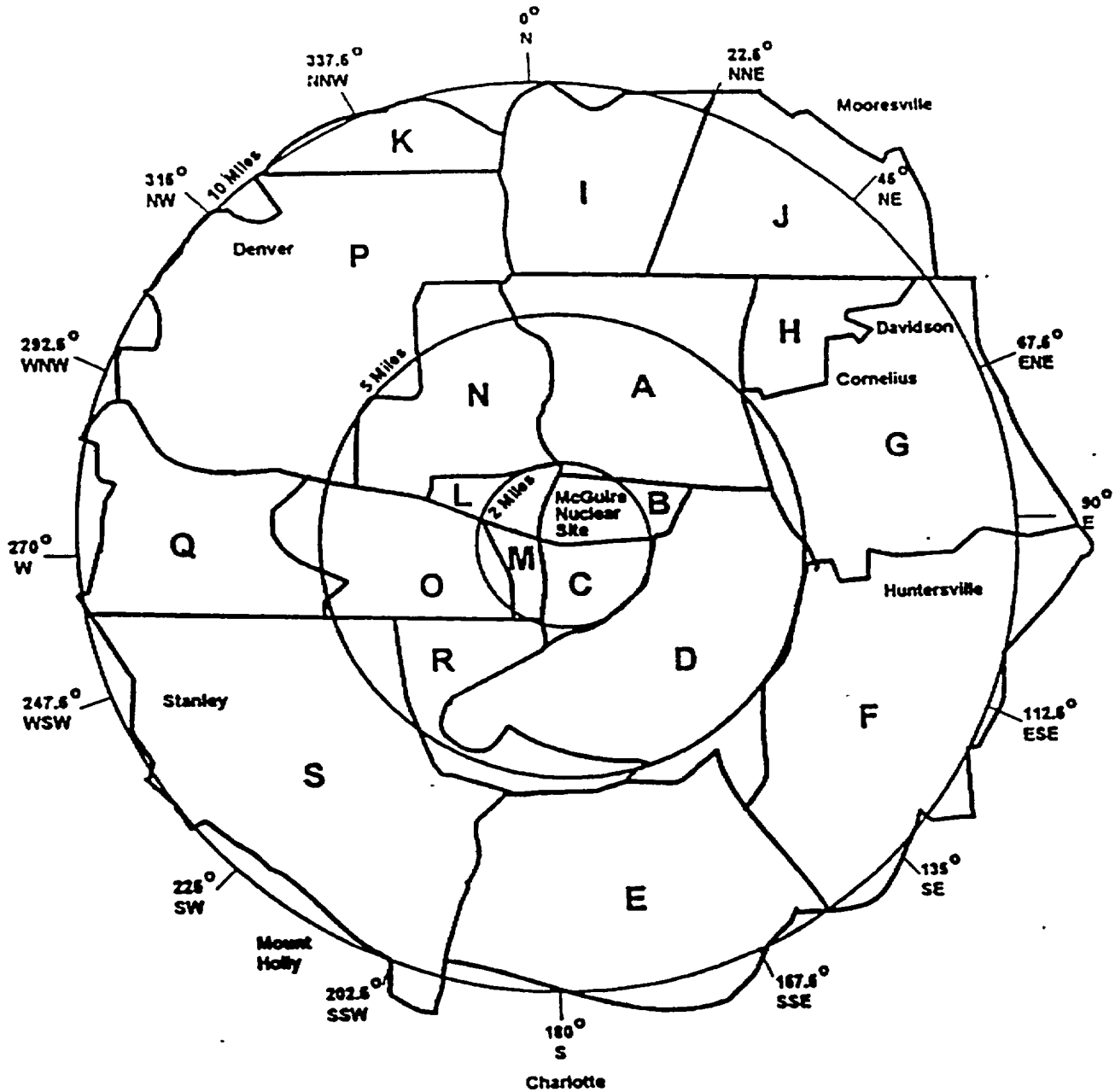
Protective Action Guides (PAGs) are levels of radiation dose at which prompt protective actions should be initiated and are based on EPA-400-R-92-001, Manual of Protective Action Guides and Protective Actions for Nuclear Incidents.

Enclosure 4.2
Guidance for Off-site Protective Actions

RP/0/A/5700/004
Page 4 of 4

McGUIRE PROTECTIVE ACTION ZONES
(2 and 5 mile radius, inner circles)

10 MILE EPZ



Enclosure 4.3
Initial Notification
Completion/Transmission

RP/0/A/5700/004
Page 1 of 9

1. Completion of the Emergency Notification Form

NOTE: ONLY Items 1 - 10, 15 and 16 are required.
Items 11 - 14 may be skipped.

1.1 Complete Enclosure 4.1 (Emergency Notification Form) as follows:

NOTE: Message #'s should be sequentially numbered throughout the drill/emergency.

—— Item 1 Check A for Drill OR B for Actual Emergency AND
Check INITIAL AND
Write in message number.

NOTE: Certain events could occur at the plant site such that both units are affected. These may include: Enclosure 4.3 (Abnormal Rad Levels/Radiological Effluent), Enclosure 4.6 (Fires/Explosions and Security Events) and Enclosure 4.7 (Natural Disasters, Hazards and Other Conditions Affecting Plant Safety) from RP/0/A/5700/000, (Classification of Emergency). Consider this when completing the "unit designation" on line 2 of the Emergency Notification Form. {PIP 0-M97-4638}

REPORTED BY: is the Communicator's name.

—— Item 2 Write in the unit(s) AND Communicator's name.

NOTE: Information for Items 3 and 4 will be completed during transmission of the Emergency Notification Form.

—— Item 3 Write in the transmittal time AND date.

—— Item 4 Write in appropriate number AND codeword.

—— Item 5 Check D for GENERAL EMERGENCY.

—— Item 6 Check A for Emergency Declaration At: AND
Write the time AND date the classification was declared.

Enclosure 4.3
Initial Notification
Completion/Transmission

RP/0/A/5700/004
Page 2 of 9

NOTE: Reference RP/0/A/5700/000, (Classification of Emergency)

_____ Item 7 Enter EAL Number and Emergency Description of the reason for declaring the emergency classification (in layman's terms, if possible). **DO NOT** use system abbreviations, acronyms or jargon which may cause confusion. Instead, write out the description in long hand. Be sensitive to the fact that certain descriptive technical terms may elicit unanticipated reactions from others. {PIP 0-M98-2065}

_____ Item 8 Check the appropriate plant condition. {PIP 0-M97-4210 NRC-1}

- **A Improving:** Emergency conditions are improving in the direction of a lower classification or termination of the event.
- **B Stable:** The emergency situation is under control. Emergency core cooling systems, equipment, plans, etc., are operating as designed.
- **C Degrading:** Given current and projected plant conditions/equipment status, recovery efforts are not expected to prevent entry into a higher emergency classification or the need to upgrade offsite Protective Action Recommendations.

_____ Item 9 Check A SHUTDOWN **AND** write the time and date of Reactor Shutdown

OR

Check B **AND** write in the Reactor Power level.

Enclosure 4.3
Initial Notification
Completion/Transmission

RP/0/A/5700/004
Page 3 of 9

- NOTE:**
1. **An emergency release is any unplanned, quantifiable discharge to the environment associated with a declared emergency event.** (This definition is based on an NRC commitment made on 11/30/90 following McGuire's Steam Generator Tube Rupture.) {PIP 0-M97-4256}
 2. Notify the OSM if box C or box D is checked.
 3. Base the determination of emergency release on:
 - EMF readings,
 - containment pressure and other indications,
 - field monitoring results,
 - knowledge of the event and its impact on systems operation and resultant release paths.
 4. **An emergency release is occurring if any one or more of the following bulleted conditions are met associated with a declared emergency:**
 - Either containment particulate, gaseous, iodine monitor (EMFs 38, 39 and/or 40) readings indicate an increase in activity,

OR

Containment monitor (EMFs 51A and/or 51B) readings indicate greater than 1.5R/hr,

AND

Either containment pressure is greater than 0.3 psig,

OR

An actual containment breach is known to exist.
 - Unit vent particulate, gaseous, iodine monitor (EMFs 35, 36, and/or 37) readings indicate an increase in activity.
 - Condenser air ejector exhaust monitor (EMF 33) or other alternate means indicate Steam Generator tube leakage.
 - Confirmed activity in the environment reported by Field Monitoring Team(s).
 - Knowledge of the event and its impact on systems operation and resultant release paths.

Item 10 Check the appropriate box for emergency release.

- **A NONE:** clearly no emergency release is occurring or has occurred.
- **B POTENTIAL:** discretionary option for the EC or EOFD.
- **C IS OCCURRING:** meets the specified conditions.
- **D HAS OCCURRED:** previously met the specified conditions.

Enclosure 4.3
Initial Notification
Completion/Transmission

RP/0/A/5700/004
Page 4 of 9

_____ Item 15 Check B AND write affected zones for evacuation
 AND
 Check C AND write the letter designation for all other zones not evacuated.

_____ Item 16 Have the Emergency Coordinator approve the message AND
 Write in the time AND date the message was approved.

2. TRANSMISSION OF THE EMERGENCY NOTIFICATION FORM

- NOTE:**
1. All initial notifications are **verbal**. Avoid using abbreviations or jargon likely to be unfamiliar to the State and Counties. If any information is not available or not applicable, write out "Not Available" or "Not Applicable" in the margin or other space as appropriate. Do not abbreviate "N.A.".
 2. The backup means of communications are the Bell line or County Emergency Response Radio. RP/0/A/5700/014, Enclosure 4.1 is available for needed backup numbers.
 3. Refer to page 6 of 9 of this Enclosure for instructions on how to use the County Emergency Response Radio if selective signaling or Bell line is not available.

_____ 2.1 Use the Selective Signaling telephone by dialing *1 and depressing the push to talk button.

_____ 2.2 IF Selective Signaling Group Call fails, THEN go to RP/0/A/5700/014, Enclosure 4.1 for manual selective signaling numbers.

NOTE: The time when the first party is contacted should be recorded on Line 3.

_____ 2.3 As the State and Counties answer, check them off on the back of the notification form. At least one attempt using the individual selective signaling code must be made for any missing agencies. **Proceed with the notification promptly following an attempt to get missing agencies on the line.**

_____ 2.4 Check the State and Counties are on the line, document this time in item #3 on the form. This time should not exceed 15 minutes from the time of declaration (Item # 6).

_____ 2.5 Tell them you have an emergency notification from the McGuire Control Room and to get out the Emergency Notification Form.

_____ 2.6 Read the complete message slowly, line by line, beginning with Item # 1, allowing ample time to copy.

Enclosure 4.3
Initial Notification
Completion/Transmission

RP/0/A/5700/004
Page 5 of 9

NOTE: Refer to page 7 of 9 of this enclosure for the authentication codeword list.

- 2.7 When you reach item #4, ask the State or a County to authenticate the message. The agency should give you a number and you should provide the appropriate codeword. Write the number and codeword on the form.
- 2.8 After communicating the initial message, ask if there are any questions. Record individuals' names and times on the back of the form. This time is the same time as Item #3.
- 2.9 After verbally transmitting the message, FAX a copy (front page only) to the agencies. Refer to pages 8 of 9 and 9 of 9 of this Enclosure for FAX operation.
- 2.10 Continuous attempts to contact missing agencies must be made if unable to complete the notification per step 2.3. Document the time these agencies were contacted on the back of the notification form.

Enclosure 4.3
Initial Notification
Completion/Transmission

RP/0/A/5700/004
Page 6 of 9

COUNTY EMERGENCY RESPONSE RADIO

NOTE: This radio will only contact the County warning points. The State cannot be contacted on this radio. Have one of the Counties relay the message to the State.

Group Call:

- 1. Press **20** to activate all County radio units.
- 2. When the ready light comes on, press the bar on the transmitter microphone and say:

"This is McGuire Control Room to all Counties, do you copy?"

Once all Counties respond, begin transmitting the message using step 2.3 through 2.10 of this enclosure.

Proceed with the notification promptly following an attempt to get missing agencies on the air.

NOTE: RP/0/A/5700/014, Enclosure 4.1 is available for needed individual radio codes.

- 3. If a County fails to respond on the group call, press their individual code on the encoder and say:
"This is McGuire Control Room to (Agency you are calling), do you copy?"
Once the County responds, begin transmitting the message using step 2.3 through 2.10 of this enclosure.
- 4. After you have finished transmitting the message, conclude by saying:
"This is WQC700 base clear."
- 5. Continuous attempts to contact missing agencies must be made if unable to complete the notification per step 2. Document the time these agencies were contacted on the back of the notification form.

Enclosure 4.3
Initial Notification
Completion/Transmission

RP/0/A/5700/004
Page 7 of 9

AUTHENTICATION CODEWORD LIST

This page is left intentionally blank.

Enclosure 4.3
Initial Notification
Completion/Transmission

RP/0/A/5700/004
Page 8 of 9

OPERATION OF THE FAX

A. GROUP FAX

- NOTE:** 1. The FAX will dial each agency in sequence. If the FAX is busy, it will try again after completing the other calls.
2. This sends a FAX to all County Warning Points, State EOC, TSC, EOF, News Group and JIC.

- _____ 1. Insert the Emergency Notification Form face down into the FAX.
- _____ 2. Press GROUP FAX button.
- _____ 3. Press "SEND/RECEIVE" button.

B. INDIVIDUAL FAX

- _____ 1. Insert the Emergency Notification Form face down into the FAX.
- _____ 2. Select location(s) to receive the fax:
 - _____ • Press News Group.
 - _____ • Press TSC.
 - _____ • Press State of North Carolina EOC.
 - _____ • Press Mecklenburg County Warning Point.
 - _____ • Press Gaston County Warning Point.
 - _____ • Press Lincoln County Warning Point.
 - _____ • Press Iredell County Warning Point.
 - _____ • Press Catawba County Warning Point.
 - _____ • Press Cabarrus County Warning Point.
 - _____ • Press EOF.
 - _____ • Press JIC.
- _____ 3. **WHEN** the appropriate individual location is selected, **THEN** press the "SEND/RECEIVE" button.

Enclosure 4.3
Initial Notification
Completion/Transmission

RP/0/A/5700/004
Page 9 of 9

NOTE: RP/0/A/5700/014, Enclosure 4.1 is available for needed manual FAX numbers.

C. To send a FAX to a single location dialing manually:

- _____ 1. Insert the document face down into the FAX.
- _____ 2. Using the keypad, dial the number that you wish to call.
- _____ 3. Press "SEND/RECEIVE" button.

RP/0/A/5700/004

NRC Event Notification Worksheet

Page 1 of 2

STATE "THIS IS THE MCGUIRE NUCLEAR SITE IN NRC REGION 2 MAKING AN EVENT NOTIFICATION REPORT"						
NOTIFICATION DATE		UNIT	CALLER'S NAME		CALLBACK TELEPHONE # ENS 1-888-270-0173 or (704) - 875-6044	NRC OPERATIONS OFFICER CONTACTED
EVENT TIME & ZONE ____ Region II (time) (zone)			EVENT DATE	POWER/MODE BEFORE	POWER/MODE AFTER	
EVENT CLASSIFICATIONS		1-Hr Non-Emergency 10 CFR 50 72(b)(1)			8-Hr Non-Emergency 10CFR 50 72(b)3	
<input type="checkbox"/>	GENERAL EMERGENCY	<input type="checkbox"/>	(50 72 b1 (I)(B)) TS Deviation		<input type="checkbox"/>	(50 72 b3 (II)(A)) Degraded Condition
<input type="checkbox"/>	SITE AREA EMERGENCY	<input type="checkbox"/>			<input type="checkbox"/>	(50 72 b3 (III)(B)) Unanalyzed Condition
<input type="checkbox"/>	ALERT	<input type="checkbox"/>			<input type="checkbox"/>	(50 72 b3 (IV)(A)) Valid Actuation of System listed in Encl. 4 3.
<input type="checkbox"/>	UNUSUAL EVENT	<input type="checkbox"/>			<input type="checkbox"/>	(50 72 b3 (V)(A)) Safe S/D Capability
<input type="checkbox"/>	50 72 NON-EMERGENCY	<input type="checkbox"/>	1 Hr Non-Emergency		<input type="checkbox"/>	(50 72 b3 (V)(B)) RHR Capability
<input type="checkbox"/>	PHYSICAL SECURITY (73.71)	<input type="checkbox"/>	(70 52) (a) and (b) Accidental Criticality OR (72 74) (a) Loss or theft of SNM		<input type="checkbox"/>	(50 72 b3 (V)(C)) Control of Rad Release
<input type="checkbox"/>	TRANSPORTATION (10 CFR 20)	<input type="checkbox"/>	(50 36) Violation of a safety limit		<input type="checkbox"/>	(50 72 b3 (V)(D)) Accident Mitigation
<input type="checkbox"/>	MATERIAL/EXPOSURE (10 CFR 20)	<input type="checkbox"/>	MNS Facility Operating License Conditions		<input type="checkbox"/>	(50 72 b3 (X)(III)) Lost ENS
<input type="checkbox"/>	OTHER	<input type="checkbox"/>			<input type="checkbox"/>	(50 72 b3 (X)(III)) Lost Other Assess /Comms
		<input type="checkbox"/>			<input type="checkbox"/>	(50 72 b3 (X)(III)) Emergency Siren INOP
		<input type="checkbox"/>			<input type="checkbox"/>	(50.72 b3 (XII)) Offsite Medical
		4-Hr Non-Emergency 10 CFR 50 72(b)(2)			24-Hr Non-Emergency	
		<input type="checkbox"/>	(50 72 b2 (I)) TS Required S/D		<input type="checkbox"/>	McGuire Facility Operating License Conditions
		<input type="checkbox"/>	(50 72 b2 (IV)(A)) ECCS Discharge to RCS		<input type="checkbox"/>	Material/Exposure (10CFR20)
		<input type="checkbox"/>	(50 72 b2 (IV)(B)) RPS Actuation - critical scram		<input type="checkbox"/>	26 73 Significant events involving fitness for duty
		<input type="checkbox"/>	(50 72 b2 (XI)) Offsite Notification		<input type="checkbox"/>	(72.75)(c1) Contamination event restrictions
		<input type="checkbox"/>	(72 75)(b1) Rad exposure & release action impairment		<input type="checkbox"/>	(72.75)(c2) Fuel Storage equipment failure
		<input type="checkbox"/>	(72 75)(b2) Spent Fuel Storage SSC defect			
		<input type="checkbox"/>	(72 75)(b3) Spent Fuel Storage degradation			
		<input type="checkbox"/>	(72 75)(b4) Fuel Storage License deviation			
		<input type="checkbox"/>	(72 75)(b5) Fuel Storage related offsite medical			
		<input type="checkbox"/>	(72.75)(b6) Fire/Explosion damage to Spent Fuel Storage.			
EVENT DESCRIPTION						
Include Systems affected, actuations & their initiating signals, causes, effect of event on plant, actions taken or planned, etc.						
Continue on Enclosure 4 4 page 2 of 2 if necessary.						
NOTIFICATIONS	YES	NO	WILL BE	ANYTHING UNUSUAL OR NOT UNDERSTOOD? <input type="checkbox"/> YES <input type="checkbox"/> NO		
NRC RESIDENT				(Explain above)		
STATE(s)				DID ALL SYSTEMS FUNCTION AS REQUIRED YES <input type="checkbox"/> NO <input type="checkbox"/>		
LOCAL				(Explain above)		
OTHER GOV AGENCIES				MODE OF OPERATION UNTIL CORRECTED	EST. RESTART DATE:	ADDITIONAL INFOR ON BACK <input type="checkbox"/> YES <input type="checkbox"/> NO
MEDIA/PRESS RELEASE						

APPROVED BY: _____ TIME/DATE: _____ / _____ / _____
Operations Shift Manager/Emergency Coordinator (eastern) mm dd yy

NRC Event Notification Worksheet

BIOLOGICAL RELEASES. CHECK OR FILL IN APPLICABLE ITEMS (specific details/explanations should be covered in event description)

LIQUID RELEASE	GASEOUS RELEASE	UNPLANNED RELEASE	PLANNED RELEASE	ONGOING	TERMINATED
MONITORED	UNMONITORED	OFFSITE RELEASE	T S EXCEEDED	RM ALARMS	AREAS EVACUATED
PERSONNEL EXPOSED OR CONTAMINATED	OFFSITE PROTECTIVE ACTIONS RECOMMENDED			State release path in description	

NOTE: Contact Radiation Protection Shift to obtain the following information.

IF the notification is due and the information is not available,
THEN mark "Not Available" and complete the notification

	Release Rate (Ci/sec)	% T.S. LIMIT	HOO GUIDE	Total Activity (Ci)	% T S LIMIT	HOO GUIDE
Noble Gas			0.1 Ci/sec			1000 Ci
Iodine			10 uCi/sec			0.01 Ci
Particulate			1 uCi/sec			1 mCi
Liquid (excluding tritium & dissolved noble gases)			10 uCi/min			0.1 Ci
Liquid (tritium)			0.2 Ci/min			5 Ci
Total Activity						

RECORD MONITORS IN ALARM	PLANT STACK (EMF 35, 36, 37)	CONDENSER/ AIR EJECTOR (EMF 33)	MAIN STEAM LINE (UNIT 1-EMF 24,25,26,27 UNIT 2-EMF 10, 11, 12,13)	SG BLOWDOWN (EMF 34)	OTHER
RAD MONITOR READINGS					
ALARM SETPOINTS TRIP II					
% T S. LIMIT (If applicable)		NOT APPLICABLE		NOT APPLICABLE	

RCS OR SG TUBE LEAKS CHECK OR FILL IN APPLICABLE ITEMS (specific details/explanations should be covered in event description)

LOCATION OF THE LEAK (e.g. SG#, valve, pipe, etc.)

LEAK RATE gpm/gpd	T S LIMITS EXCEEDED	SUDDEN OR LONG TERM DEVELOPMENT.
LEAK START DATE: TIME:	COOLANT ACTIVITY: PRIMARY (Last Sample) Xe eq _____ mCi/ml	SECONDARY Xe eq _____ mCi/ml
	Iodine eq _____ mCi/ml	Iodine eq _____ mCi/ml

LIST OF SAFETY RELATED EQUIPMENT NOT OPERATIONAL:

EVENT DESCRIPTION (Continued from Enclosure 4.4 page 1 of 2)

Enclosure 4.5
Follow-Up Notification
Completion/Transmission

RP/0/A/5700/004
Page 1 of 6

Completion of the Emergency Notification Form

NOTE: If items 8 - 14 have not changed from the previous message, only items 1 - 7, 15 and 16 are required to be completed. Avoid using abbreviations or jargon likely to be unfamiliar to the State and Counties. If any information is not available or not applicable, write out "Not Available" or "Not Applicable" in the margin or other space as appropriate. Do not abbreviate "N.A.".

1.1 Complete Enclosure 4.1 (Emergency Notification Form as follows):

NOTE: Message #'s should be sequentially numbered throughout the drill/emergency.

—— Item 1 Check A for Drill OR B for Actual Emergency AND
Check FOLLOW-UP AND
Write in message number.

NOTE: Certain events could occur at the plant site such that both units are affected. These may include: Enclosure 4.3 (Abnormal Rad Levels/Radiological Effluent), Enclosure 4.6 (Fires/Explosions and Security Events) and Enclosure 4.7 (Natural Disasters, Hazards and Other Conditions Affecting Plant Safety) from RP/0/A/5700/000, (Classification of Emergency). Consider this when completing the "unit designation" on line 2 of the Emergency Notification Form. {PIP 0-M97-4638}

REPORTED BY: is the Communicator's name.

—— Item 2 Write in the unit(s) AND Communicator's name.

NOTE: Transmittal time is the time you FAX the form to the agencies.

—— Item 3 Write in the transmittal time AND date.

—— Item 4 Authentication is not required when faxing.

—— Item 5 Check D for GENERAL EMERGENCY.

—— Item 6 Check A for Emergency Declaration At: AND
Write the time AND date the classification was declared.

Enclosure 4.5
Follow-Up Notification
Completion/Transmission

RP/0/A/5700/004
Page 2 of 6

NOTE: Reference RP/0/A/5700/000, (Classification of Emergency)

Item 7

Enter EAL Number and Emergency Description of the reason for declaring the emergency classification (in layman's terms, if possible). **DO NOT** use system abbreviations, acronyms or jargon which may cause confusion. Instead, write out the description in long hand. Be sensitive to the fact that certain descriptive technical terms may elicit unanticipated reactions from others. {PIP 0-M98-2065}

In addition, provide a description of changes in plant conditions since the last notification. Items to be considered for inclusion are as follows: {PIP 0-M98-2065}

- Other unrelated classifiable events (for example, during an Alert, an event which, by itself would meet the conditions for an Unusual Event)
- Major/Key Equipment Out of Service
- Emergency response actions underway
- Fire(s) onsite
- Flooding related to the emergency
- Explosions
- Loss of Offsite Power
- Core Uncovery
- Core Damage
- Medical Emergency Response Team activation related to the emergency
- Personnel injury related to the emergency or death
- Transport of injured individuals offsite - specify whether contaminated or not
- Site Evacuation/relocation of site personnel
- Saboteurs/Intruders/Suspicious devices/Threats
- Chemical or Hazardous Material Spills or Releases
- Extraordinary noises audible offsite
- Any event causing/requiring offsite agency response
- Any event causing increased media attention
- Remember to "close the loop" on items from previous notifications.

Enclosure 4.5
Follow-Up Notification
Completion/Transmission

RP/0/A/5700/004
Page 3 of 6

Item 8

Check the appropriate plant condition. {PIP M-097-4210 NRC-1}

- **A. Improving:** Emergency conditions are improving in the direction of a lower classification or termination of the event.
- **B. Stable:** The emergency situation is under control. Emergency core cooling systems, equipment, plans, etc., are operating as designed.
- **C. Degrading:** Given current and projected plant conditions/equipment status, recovery efforts are not expected to prevent entry into a higher emergency classification or the need to upgrade offsite Protective Action Recommendations.

Item 9

Check A SHUTDOWN AND write the time and date of Reactor Shutdown

OR

Check B AND write in the Reactor Power level.

Enclosure 4.5
Follow-Up Notification
Completion/Transmission

RP/0/A/5700/004
Page 4 of 6

- NOTE:**
1. An emergency release is any unplanned, quantifiable discharge to the environment associated with a declared emergency event. (This definition is based on an NRC commitment made on 11/30/90 following McGuire's Steam Generator Tube Rupture.) {PIP 0-M97-4256}
 2. Notify the OSM if box C or box D is checked.
 3. Base the determination of emergency release on:
 - EMF readings,
 - containment pressure and other indications,
 - field monitoring results,
 - knowledge of the event and its impact on systems operation and resultant release paths.
 4. An emergency release is occurring if any one or more of the following bulleted conditions are met associated with a declared emergency:
 - Either containment particulate, gaseous, iodine monitor (EMFs 38, 39 and/or 40) readings indicate an increase in activity,

OR

Containment monitor (EMFs 51A and/or 51B) readings indicate greater than 1.5R/hr,

AND

Either containment pressure is greater than 0.3 psig,

OR

An actual containment breach is known to exist.
 - Unit vent particulate, gaseous, iodine monitor (EMFs 35, 36, and/or 37) readings indicate an increase in activity.
 - Condenser air ejector exhaust monitor (EMF 33) or other alternate means indicate Steam Generator tube leakage.
 - Confirmed activity in the environment reported by Field Monitoring Team(s).
 - Knowledge of the event and its impact on systems operation and resultant release paths.

- Item 10 Check the appropriate box for emergency release.
- A **NONE:** clearly no emergency release is occurring or has occurred.
 - B **POTENTIAL:** discretionary option for the EC or EOFD.
 - C **IS OCCURRING:** meets the specified conditions.
 - D **HAS OCCURRED:** previously met the specified conditions.

Enclosure 4.5
Follow-Up Notification
Completion/Transmission

RP/0/A/5700/004
Page 5 of 6

1.2 **IF** follow-up notification is due and information for Items 11 through 14 cannot be obtained from RP shift, **THEN** mark each item "Not Available" and go to Item 15.

- Item 11 Check GROUND LEVEL **AND**
Check A for AIRBORNE **OR** B for LIQUID **AND**
Write in the time **AND** date the release started **AND** stopped if available.
- Item 12 Check CURIES PER SECOND **AND**
Check BELOW **OR** ABOVE normal operating limits **AND**
Check the appropriate blocks A, B, C, D **AND** write in the value(s).

NOTE: If unchanged from the previous notification, the information does not have to be repeated.

- Item 13 Check NEW **OR** UNCHANGED **AND**
Write in the projection time **AND**
Write in the estimated duration **AND**
Write in the TEDE and Thyroid CDE values.
- Item 14 Check A, B, C, D **AND** provide values for each.
- Item 15 Check B **AND** write affected zones for evacuation

AND

Check C **AND** write the letter designation for all other zones not evacuated.
- Item 16 Have the Emergency Coordinator approve the message **AND**
Write in the time **AND** date the message was approved.

Enclosure 4.5
Follow-Up Notification
Completion/Transmission

RP/0/A/5700/004
Page 6 of 6

2. Transmission of the Emergency Notification Form

NOTE: For routine, follow-up notifications, FAX a copy of the notification form instead of verbally transmitting the message (front page only). This applies only if the message does not involve a change in the emergency classification or the protective action recommendations or a termination of the emergency. Call each agency to verify they received the message.

- 2.1 Insert the Emergency Notification Form (front page only) face down into the FAX.
- 2.2 Press "GROUP FAX" button.
- 2.3 Press "SEND/RECEIVE" button.
- 2.4 **IF** programmed functions fail, **THEN** go to RP/0/A/5700/014, Enclosure 4.1 for manual FAX numbers.
- 2.5 Ensure the State and Counties received the FAX by calling them.
- 2.6 Ask if there are any questions on the Emergency Notification Form, then record individuals' names and times on the back of the form.

Enclosure 4.6
Termination Notification
Completion/Transmission

RP/0/A/5700/004
Page 1 of 6

1. Completion of the Emergency Notification Form

NOTE: A termination message should be marked as FOLLOW-UP on the Emergency Notification Form.

1.1 Complete Enclosure 4.1 (Emergency Notification Form) as follows:

—— Item 1 Check A for Drill OR B for Actual Emergency AND
Check FOLLOW-UP AND
Write in message number.

NOTE: Certain events could occur at the plant site such that both units are affected. These may include: Enclosure 4.3 (Abnormal Rad Levels/Radiological Effluent), Enclosure 4.6 (Fires/Explosions and Security Events) and Enclosure 4.7 (Natural Disasters, Hazards and Other Conditions Affecting Plant Safety) from RP/0/A/5700/000, (Classification of Emergency). Consider this when completing the "unit designation" on line 2 of the Emergency Notification Form. {PIP 0-M97-4638}

REPORTED BY: is the Communicator's name.

—— Item 2 Write in the unit(s) AND Communicator's name.

NOTE: Information for Items 3 and 4 will be completed during transmission of the Emergency Notification Form.

—— Item 3 Write in the transmittal time AND date.

—— Item 4 Write in appropriate number AND codeword.

—— Item 5 Check D for GENERAL EMERGENCY.

—— Item 6 Check B for Termination At: AND
Write the time AND date the classification was terminated.

—— Item 16 Have the Emergency Coordinator approve the message AND
Write in the time AND date the message was approved.

Enclosure 4.6
Termination Notification
Completion/Transmission

RP/0/A/5700/004
Page 2 of 6

2. Transmission of the Emergency Notification Form

- NOTE:**
1. All termination notifications are **verbal**. Avoid using abbreviations or jargon likely to be unfamiliar to the State and Counties. If any information is not available or not applicable, write out "Not Available" or "Not Applicable" in the margin or other space as appropriate. Do not abbreviate "N.A."
 2. The backup means of communications are the Bell line or County Emergency Response Radio. RP/0/A/5700/014, Enclosure 4.1 is available for needed backup numbers.
 3. Refer to page 3 of 6 of this enclosure for instructions on how to use the County Emergency Response Radio if selective signaling or Bell line is not available.

- 2.1 Use the Selective Signal telephone by dialing *1 and depressing the push to talk button.
- 2.2 **IF** Selective Signaling Group Call fails, **THEN** go to RP/0/A/5700/014, Enclosure 4.1 for manual selective signaling numbers.
- 2.3 As the State and Counties answer, check them off on the back of the notification form. At least one attempt using the individual selective signaling code must be made for any missing agencies. **Proceed with the notification promptly following an attempt to get missing agencies on the line.**
- 2.4 Check the State and Counties are on the line, document this time in item #3 on the form.
- 2.5 Tell them you have an emergency notification from the McGuire Control Room and to get out the Emergency Notification Form.
- 2.6 Read the complete message slowly, line by line, beginning with Item # 1, allowing ample time to copy.

NOTE: Refer to page 4 of 6 of this Enclosure for the authentication codeword list.

- 2.7 When you reach item #4, ask the State or a County to authenticate the message. The agency should give you a number and you should provide the appropriate codeword. Write the number and codeword on the form.
- 2.8 After communicating the message, ask if there are any questions. Record individuals' names and times on the back of the form. This time is the same time as Item #3.
- 2.9 After verbally transmitting the message, FAX a copy (front page only) to the agencies. Refer to page 5 of 6 and 6 of 6 of this enclosure for FAX operation.

Enclosure 4.6
Termination Notification
Completion/Transmission

RP/0/A/5700/004
Page 3 of 6

- 2.10 Continuous attempts to contact missing agencies must be made if unable to complete the notification per step 2.3. Document the time these agencies were contacted on the back of the notification form.

COUNTY EMERGENCY RESPONSE RADIO

NOTE: This radio will only contact the County warning points. The State cannot be contacted on this radio. Have one of the Counties relay the message to the State.

Group Call:

1. Press **20** to activate all County radio units.
2. When the ready light comes on, press the bar on the transmitter microphone and say:

"This is McGuire Control Room to all Counties, do you copy?"

Once all Counties respond, begin transmitting the message using step 2.3 through 2.10 of this enclosure.

Proceed with the notification promptly following an attempt to get missing agencies on the air.

NOTE: RP/0/A/5700/014, Enclosure 4.1 is available for needed individual radio codes.

3. If a County fails to respond on the group call, press their individual code on the encoder and say:

"This is McGuire Control Room to (Agency you are calling), do you copy?"

Once the County responds, begin transmitting the message using step 2.3 through step 2.10 of this enclosure.

4. After you have finished transmitting the message, conclude by saying:

"This is WQC700 base clear."

5. Continuous attempts to contact missing agencies must be made if unable to complete the notification per Step 2. Document the time these agencies were contacted on the back of the notification form.

Enclosure 4.6
Termination Notification
Completion/Transmission

RP/0/A/5700/004
Page 4 of 6

AUTHENTICATION CODEWORD LIST

This page is left intentionally blank.

Enclosure 4.6
Termination Notification
Completion/Transmission

RP/0/A/5700/004
Page 5 of 6

OPERATION OF THE FAX

A. GROUP FAX

- NOTE:** 1. The FAX will dial each agency in sequence. If the FAX is busy, it will try again after completing the other calls.
2. This sends a FAX to all County Warning Points, State EOC, TSC, EOF, News Group and JIC.

- _____ 1. Insert the Emergency Notification Form face down into the FAX.
- _____ 2. Press "GROUP FAX" button.
- _____ 3. Press "SEND/RECEIVE" button.

B. INDIVIDUAL FAX

- _____ 1. Insert the Emergency Notification Form face down into the FAX.
- _____ 2. Select location(s) to receive the fax:
 - _____ • Press News Group.
 - _____ • Press TSC.
 - _____ • Press State of North Carolina EOC.
 - _____ • Press Mecklenburg County Warning Point.
 - _____ • Press Gaston County Warning Point.
 - _____ • Press Lincoln County Warning Point.
 - _____ • Press Iredell County Warning Point.
 - _____ • Press Catawba County Warning Point.
 - _____ • Press Cabarrus County Warning Point.
 - _____ • Press EOF.
 - _____ • Press JIC.
- _____ 3. **WHEN** the appropriate individual location is selected, **THEN** press the "SEND/RECEIVE" button.

Enclosure 4.6
Termination Notification
Completion/Transmission

RP/0/A/5700/004
Page 6 of 6

OPERATION OF THE FAX

NOTE: RP/0/A/5700/014, Enclosure 4.1 is available for needed manual FAX numbers.

C. To send a FAX to a single location dialing manually:

- 1. Insert the document face down in the FAX.
- 2. Using the keypad, dial the number that you wish to call.
- 3. Press "SEND/RECEIVE" button.

Enclosure 4.7

RP/0/A/5700/004

Page 1 of 1

Emergency Coordinator / Emergency Operations Facility Director Turnover Checklist

UNIT(S) AFFECTED:

U1 _____

U2 _____

{PIP-M-99-3800}

GENERAL	DATE: _____	POWER LEVEL	NCS TEMP	NCS PRESS	
	TIME: _____	U-1 _____ U-2 _____	_____	_____	
EMERGENCY CLASSIFICATION	NOUE DECLARED AT: _____ ALERT DECLARED AT: _____ SAE DECLARED AT: _____ G.E. DECLARED AT: _____ REASON FOR EMER CLASS: _____ _____				
	TSC ACTIVATED AT: _____ EOF ACTIVATED AT: _____				
SITE ASSEMBLY EVACUATION		YES	NO	TIME	LOCATION OR COMMENTS
	SITE ASSEMBLY	_____	_____	_____	_____
	SITE EVAC. (NON-ESSEN.)	_____	_____	_____	_____
	SITE EVAC. (ESSENTIAL)	_____	_____	_____	_____
	OTHER OFFSITE AGENCY INVOLVEMENT	_____	_____	_____	_____
	MEDICAL	_____	_____	_____	_____
	FIRE	_____	_____	_____	_____
	POLICE	_____	_____	_____	_____
RADIOLOGICAL		NUMBER ASSEM.	NUMBER DEPLOYED		
	FIELD MON. TEAMS	_____	_____		
		ZONES EVAC		ZONES SHELTERED	
	PARS:	_____	_____	_____	
		YES	NO		
	RELEASE IN PROGRESS	_____	_____		
	RELEASE PATHWAY	_____			
	CONTAINMENT PRESSURE	_____	PSIG		
	WIND DIRECTION	_____	WIND SPEED	_____	
OFFSITE COMMUNICATION		NUMBER	TIME		
	LAST MESSAGE SENT:	_____	_____		
	NEXT MESSAGE DUE:	_____	_____		
	NOTE: EOF COMMUNICATION	CHECKS SHOULD BE COMPLETED PRIOR TO ACTIVATING THE EOF.			

OTHER NOTES RELATED TO THE ACCIDENT/EVENT/PLANT EQUIPMENT FAILED OR OUT OF SERVICE

Enclosure 4.8
Request for Emergency Exposure (a)

RP/0/A/5700/004
Page 1 of 1

<u>Activity</u>	<u>Total Effective Dose Equivalent (TEDE)</u>	<u>Lens of Eye</u>	<u>Other Organs (b)</u>
All	5 rem	15 rem	50 rem
Protecting Valuable Property	10 rem	30 rem	100 rem
Life saving or Protection of Large Populations	25 rem	75 rem	250 rem
Life saving or Protection of Large Populations (c)	> 25 rem	> 75 rem	> 250 rem

(a) Excludes declared pregnant women

(b) Includes skin and body extremities

(c) Only on a volunteer basis to persons fully aware of the risks involved. All factors being equal, select volunteers above the age of 45 and those who normally encounter little exposure.

RP Badge No.	Name	Age	Employer	Signature of Individual

My signature indicates my acknowledgement that I have been informed that I may be exposed to the levels of radiation indicated above. I have been fully briefed on the task to be accomplished and on the risks of this exposure.

I, _____ acknowledge this planned Emergency Exposure _____.
(RPM or designee, signature or note of verbal authorization) Date/Time

I, _____ approve this planned Emergency Exposure at _____.
(Emergency Coordinator or EOF Director, signature or note of verbal authorization) Date/Time

Subsequent Radiation Protection Action:

- Determine need for medical evaluation
- Initiate reporting requirements per 10CFR20
- Copy to Individual's Exposure History File

OSM Immediate and Subsequent Actions

1. Immediate Actions

Initial

_____ 1.1 The Operations Shift Manager or designee **SHALL ANNOUNCE** the event over the plant P.A. system by performing the following:

_____ 1.1.1 Turn on the outside page speakers.

NOTE:

- For drill purposes, state "This is a drill. This is a drill."
- Any plant phone in the Control Room horse shoe area or extension 4021 is programmed to access 710, site all call. {PIP 0-M98-2545}

_____ 1.1.2 Dial 710; pause, dial 80. Following the beep, announce "a General Emergency has been declared". Provide a brief description of the event (may be written below) and announce "Activate the TSC/OSC and EOF".

_____ 1.1.3 Repeat the preceding announcement one time.

_____ 1.1.4 Turn off the outside page speakers.

- NOTE:**
1. Initial notification to the State and Counties must be made within 15 minutes of the event declaration, using Enclosure 4.1.
 2. Enclosure 4.3 has instructions for completion/transmission of the Emergency Notification Form

- _____ 1.2 The Emergency Coordinator shall recommend to offsite authorities in the initial notification the following:

- NOTE:**
1. To obtain the wind speed, use chart recorder 1EEBCR9100, point #5 (Average Lower Wind Speed).
 2. To obtain the wind direction, use chart recorder 1EEBCR9100, point #8 (Average Upper Wind Direction).
 3. If either point on 1EEBCR9100 is unavailable, obtain needed data from one of the following sources in order of sequence:
 - A. DPC Meteorological Lab (8-594-0341)
 - B. National Weather Service in Greer, S.C. (864-879-1085 or 1-800-268-7785)
 - C. Catawba Nuclear Station Control Room (8-831-5345).

NOTE: IF changes to the initial Protective Action Recommendations are recognized and approved by the Emergency Coordinator, these shall be transmitted to the offsite agencies within 15 minutes. {PIP-M-00-01238}

- _____ 1.2.1 IF containment radiation levels exceed the levels on Enclosure 4.2, page 2 of 4, Guidance for Determination of Gap Activity, THEN:

- _____ • Evacuate the 5-mile radius AND 10 miles downwind as shown on Enclosure 4.2, page 2 of 4, Protective Action Zones Determination, using wind direction

AND

- _____ • Shelter remaining zones as shown on Enclosure 4.2, page 2 of 4, Protective Action Zones Determination, using wind direction.

Enclosure 4.9
OSM Immediate and Subsequent Actions

RP/0/A/5700/004
Page 3 of 4

- 1.2.2 **IF** containment radiation levels **DO NOT** exceed the levels on Enclosure 4.2, page 2 of 4, Guidance for Determination of Gap Activity, **THEN** perform one of the following:

IF wind speed less than or equal to 5 MPH, **THEN**:

- _____ • Evacuate zones L, B, M, C, N, A, D, O, R

AND

- _____ • Shelter zones E, F, G, H, I, J, K, P, Q, S.

OR

IF wind speed greater than 5 MPH, **THEN**:

- _____ • Evacuate the 2-mile radius **AND** 5 miles downwind as shown on Enclosure 4.2, page 3 of 4, Protective Action Zones Determination, using wind direction

AND

- _____ • Shelter remaining zones as shown on Enclosure 4.2, page 3 of 4, Protective Action Zones Determination, using wind direction.

- _____ 1.3 **IF** valid trip II alarm occurs on any one of the following:

1 **OR** 2 EMF36(L)

1 EMF24, 25, 26, 27

2 EMF10, 11, 12, 13

THEN immediately contact RP shift at 4282 to perform HP/0/B/1009/029 (Initial Response On-Shift Dose Assessment).

- _____ 1.4 **IF** box C (IS OCCURRING) or box D (HAS OCCURRED) from Item 10 (EMERGENCY RELEASE) on Enclosure 4.1, (Emergency Notification Form) is checked, **THEN** immediately contact RP shift at 4282 to perform HP/0/B/1009/029 (Initial Response On-Shift Dose Assessment).

2. Subsequent Actions

NOTE: Site Assembly is a required on-site protective action in response to an Alert or higher declaration.

- _____ 2.1 **IF** a site assembly has not already been initiated, **THEN** refer to RP/0/A/5700/011 (Conducting a Site Assembly, Site Evacuation or Containment Evacuation) to evaluate and initiate a site assembly.
- _____ 2.2 Augment shift resources to assess and respond to the emergency situation as needed.
- _____ 2.3 **GO TO** Step 3.1 in the body of this procedure and continue with the prescribed subsequent actions.

Enclosure 4.10
WCC SRO Immediate and Subsequent
Actions

RP/0/A/5700/004
Page 1 of 2

1. Immediate Actions

Initial

- NOTE:**
1. Initial notification to the State and Counties must be made within 15 minutes of the event declaration, using Enclosure 4.1.
 2. Enclosure 4.3 has instructions for completion/transmission of the Emergency Notification Form.

- 1.1 The Emergency Coordinator shall recommend to offsite authorities in the initial notification the following:

- NOTE:**
1. To obtain the wind speed, use chart recorder 1EEBCR9100, point #5 (Average Lower Wind Speed).
 2. To obtain the wind direction, use chart recorder 1EEBCR9100, point #8 (Average Upper Wind Direction).
 3. If either point on 1EEBCR9100 is unavailable, obtain needed data from one of the following sources in order of sequence:
 - A. DPC Meteorological Lab (8-594-0341)
 - B. National Weather Service in Greer, S.C. (864-879-1085 or 1-800-268-7785).
 - C. Catawba Nuclear Station Control Room (8-831-5345).

- NOTE:** IF changes to the initial Protective Action Recommendations are recognized and approved by the Emergency Coordinator, these shall be transmitted to the offsite agencies within 15 minutes. {PIP-M-00-01238}

- 1.1.1 IF containment radiation levels exceed the levels on Enclosure 4.2, page 2 of 4, Guidance for Determination of Gap Activity, THEN:

- Evacuate the 5-mile radius AND 10 miles downwind as shown on Enclosure 4.2, page 2 of 4, Protective Action Zones Determination, using wind direction.

AND

- Shelter remaining zones as shown on Enclosure 4.2, page 2 of 4, Protective Action Zones Determination, using wind direction.

Enclosure 4.10
WCC SRO Immediate and Subsequent
Actions

RP/0/A/5700/004
Page 2 of 2

- 1.1.2 **IF** containment radiation levels **DO NOT** exceed the levels on Enclosure 4.2, page 2 of 4, Guidance for Determination of Gap Activity, **THEN** perform one of the following:

IF wind speed less than or equal to 5 MPH, **THEN**:

- _____ • Evacuate zones L, B, M, C, N, A, D, O, R

AND

- _____ • Shelter zones E, F, G, H, I, J, K, P, Q, S.

OR

IF wind speed greater than 5 MPH, **THEN**:

- _____ • Evacuate the 2-mile radius **AND** 5 miles downwind as shown on Enclosure 4.2, page 3 of 4, Protective Action Zones Determination, using wind direction

AND

- _____ • Shelter remaining zones as shown on Enclosure 4.2, page 3 of 4, Protective Action Zones Determination, using wind direction.

- _____ 1.2 Complete items 1 -10, 15 and 16 on Enclosure 4.1 (Emergency Notification Form) in accordance with Enclosure 4.3, Section 1.
- _____ 1.3 Make initial notification to State and County authorities using the Emergency Notification Form in accordance with Enclosure 4.3, Section 2.

2. Subsequent Actions

- _____ 2.1 Notify the NRC Operations Center by completing Enclosure 4.4 and transmitting immediately but no later than 1 hour of the event declaration using RP/0/A/5700/014, Enclosure 4.2.
- _____ 2.2 Inform the OSM when this enclosure has been completed, reporting any deficiencies or problems encountered.

1. Immediate Actions

Initial

NOTE: For a Drill, the Community Alert Network (CAN) is not activated.

- ____ 1.1 For a security event, go to steps 1.4, 1.5, and 1.6.
- ____ 1.2 Activate the Emergency Response Organization by contacting Security via the ringdown phone to the CAS/SAS, or at extension 2688 or 4900 and issue the following message:
- ____ 1.2.1 For a Drill "Activate the TSC/OSC/EOF pagers, McGuire Delta, General Emergency declared at _____ (time)."
- ____ 1.2.2 For an Emergency "Activate the TSC/OSC/EOF pagers, McGuire Echo, General Emergency declared at _____ (time)."
- AND**
"Activate the CAN system."
- NOTE:**

 - For a Drill, the Emergency Response Data System (ERDS) is not activated.
 - ERDS can only be activated / deactivated from designated computer terminals with SDS access. These are located in the Shift Work Manager's office, the Data Coordinators' room in the TSC and all within the Control Room horseshoe area.
- ____ 1.3 For an Emergency, activate the Emergency Response Data System (ERDS) as soon as possible, but not later than one hour after the emergency declaration per the following:
- ____ 1.3.1 Ensure SDS is running on the selected terminal.
- ____ 1.3.2 Click on MAIN.
- ____ 1.3.3 Click on GENERAL.
- ____ 1.3.4 Click on ERDS.
- ____ 1.3.5 Click on ACTIVATE.
- ____ 1.3.6 Record the time and date ERDS was activated. TIME/DATE _____ _/___/___
Eastern mm dd yy
- ____ 1.3.7 Inform the OSM that ERDS was activated.
- ____ 1.3.8 **IF** ERDS failed to activate after five (5) attempts, **THEN** have an Offsite Agency Communicator notify the NRC via ENS or other available means.

STA Immediate and Subsequent Actions

- _____ 1.4 For a drill, **IF** a security event exists and offsite ERO staging is desired before giving instructions to report to the TSC and OSC, **THEN** contact Security via the ringdown phone to the CAS/SAS, or at extension 2688 or 4900, and give instructions to activate the TSC/OSC, according to the Emergency Response Pager Instructions for a security event drill.
- _____ 1.5 For an actual emergency, **IF** a security event exists and offsite ERO staging is desired before giving instructions to report to the TSC/OSC, **THEN** contact Security via the ringdown phone to the CAS/SAS, or at extension 2688 or 4900, and give instructions to activate the TSC/OSC, according to the Emergency Response Pager Instructions for a security event emergency.
- _____ 1.6 When the security event is stabilized to the point that ERO members can come on site, go to step 1.2.

2. Subsequent Actions

- _____ 2.1 Notify one of the NRC Resident Inspectors using RP/0/A/5700/014, Enclosure 4.2.
- _____ 2.2 Contact Duke Management using RP/0/A/5700/014, Enclosure 4.3 as soon as possible following event declaration.
- _____ 2.3 Inform the OSM when this enclosure has been completed, reporting any deficiencies or problems.

Duke Power Company
PROCEDURE PROCESS RECORD(1) ID No. RP/0/A/5700/011
Revision No. 006

PREPARATION

(2) Station MCGUIRE NUCLEAR STATION(3) Procedure Title Conducting A Site Assembly, Site Evacuation or Containment Evacuation(4) Prepared By J M Cooke Date 7-16-02

(5) Requires NSD 278 Applicability Determination?

- ☒ Yes (New procedure or revision with major changes)
☐ No (Revision with minor changes)
☐ No (To incorporate previously approved changes)

(6) Reviewed By [Signature] (QR) Date 7/22/02Cross-Disciplinary Review By _____ (QR) NA Jm Date 7/22/02Reactivity Mgmt. Review By _____ (QR) NA Jm Date 7/22/02Mgmt. Involvement Review By _____ (Ops Supt.) NA Jm Date 7/22/02

(7) Additional Reviews

Reviewed By _____ Date _____

Reviewed By _____ Date _____

(8) Temporary Approval (*if necessary*)

By _____ (OSM/QR) Date _____

By _____ (QR) Date _____

(9) Approved By R. Z. Murray Date 10-1-02PERFORMANCE (*Compare with Control Copy every 14 calendar days while work is being performed.*)

(10) Compared with Control Copy _____ Date _____

Compared with Control Copy _____ Date _____

Compared with Control Copy _____ Date _____

(11) Date(s) Performed _____

Work Order Number (WO#) _____

COMPLETION

(12) Procedure Completion Verification

- ☐ Yes ☐ NA Check lists and/or blanks initialed, signed, dated, or filled in NA, as appropriate?
☐ Yes ☐ NA Required enclosures attached?
☐ Yes ☐ NA Data sheets attached, completed, dated, and signed?
☐ Yes ☐ NA Charts, graphs, etc. attached dated, identified, and marked?
☐ Yes ☐ NA Procedure requirements met?

Verified By _____ Date _____

(13) Procedure Completion Approved _____ Date _____

(14) Remarks (*Attach additional pages, if necessary*)

Duke Power Company
McGuire Nuclear Station

**Conducting A Site Assembly, Site Evacuation or
Containment Evacuation**

Reference Use

Procedure No.

RP/0/A/5700/011

Revision No.

006

Electronic Reference No.

MC0048ME

Conducting A Site Assembly, Site Evacuation or Containment Evacuation

1. Symptoms

- 1.1 A Site Assembly is an occurrence that warrants the accountability of all personnel on site for reasons of personnel safety or for dissemination of information. Examples include:
- Alert, Site Area Emergency or General Emergency has been declared
 - Other plant conditions that, in the opinion of the Operations Shift Manager/Emergency Coordinator, warrant an assembly.
- 1.2 A Site Evacuation is an occurrence that necessitates the evacuation of non-essential personnel for reasons of safety. Examples include:
- Site Area Emergency, if plant conditions are rapidly degrading
 - General Emergency
 - Other plant conditions that, in the opinion of the Operations Shift Manager/Emergency Coordinator, warrant an evacuation.
- 1.3 A Containment Evacuation is an occurrence that necessitates the evacuation of personnel from containment and the annulus. The following valid conditions warrant a Containment Evacuation:
- AUTO:
 - Refueling Bridge Radiation Monitor Alarm 1EMF-16 or 2EMF-3
 - Hi Flux At Shutdown Alarm.
 - MANUAL:
 - Loss of ND Abnormal Procedure implemented.
 - Spent Fuel Damage Abnormal Procedure implemented.
 - Other plant conditions that, in the opinion of the Operations Shift Manager/Emergency Coordinator, warrant an evacuation.

2. Immediate Actions

NOTE: Site Assembly is a required on-site protective action in response to an Alert or higher declaration. There may be certain security events where the need for site assembly may need to be evaluated.

2.1 The Operations Shift Manager or designee shall:

_____ 2.1.1 **IF** a Security Event exists, **THEN** contact the Security Shift Supervisor either via the ringdown phone to CAS/SAS, at extension 2688 or 4900, or use the Control Room Security radio to discuss the advisability of conducting a Site Assembly.

2.1.2 Following discussion with the Security Shift Supervisor concerning the security event, **IF** a site assembly is considered not advisable, **THEN** perform the following:

_____ A. Turn on the outside page speakers.

NOTE:

- For drill purposes, state "This is a drill. This is a drill."
- Any plant phone in the Control Room horse shoe area or extension 4021 is programmed to access 710, site all call. {PIP-0-M98-2545}

_____ B. Dial 710; pause, dial 80 and following the beep, announce: "This is the Operations Shift Manager. A security event is in progress. Do not move about the site. Remain at your present location until further notice. Report any suspicious activities to Security."

_____ C. Repeat the preceding announcement one time.

_____ D. Mark steps in 2.2 N/A and **do not** conduct a Site Assembly at this time.

_____ E. Continue to repeat steps 2.1.2 A thru C at 10-minute intervals until advised by Security that it is safe for site personnel to move about.

_____ F. Turn off the outside page speakers when no longer needed for non-routine on-site announcements.

- NOTE:**
1. All personnel inside the protected area are to be accounted for within thirty (30) minutes of the initiation of Site Assembly and continuously thereafter until released or until instructed to report to an evacuation site.
 2. All personnel outside the protected area and within the owner controlled area should report to their site assembly point and their supervision/designee within thirty (30) minutes of the initiation of Site Assembly and continuously thereafter until released or until instructed to report to an evacuation site. {PIP-M-02-01347}

2.2 **IF** a Site Assembly is required, **THEN** perform the following:

Initial

2.2.1 The Operations Shift Manager or designee shall:

- _____ A. Contact Security at extension 2688 or 4900 to inform them that a Site Assembly is being initiated.
- _____ B. Confirm that Security has activated the plant-wide emergency accountability system.
- _____ C. Turn on outside page speakers.
- _____ D. Sound a 10-second blast of the Site Assembly alarm.
- _____ E. Record the time of the Site Assembly alarm from the previous step at the end of step F to be announced to the site.

- NOTE:**
1. Any plant phone in the Control Room horse shoe or extension 4021 (Support Assistant Desk) is programmed to access 710, site all call. {PIP-0-M-98-2545}
 2. For Drill purposes, state "this is a drill, this is a drill" prior to any announcements.

_____ F. Dial 710; pause, dial 80, and following the beep, announce:

"This is a Site Assembly. This is a Site Assembly.

(Give a brief description/reason for assembly).

All personnel are to report immediately to their assembly points. For persons inside the protected area, if you do not know the location of your assembly point, either report to the Canteen Office Warehouse, or report to the site assembly point in the Admin Building. For persons outside the protected area and in the owner controlled area, if you do not know the location of your assembly point, report to the auditorium in building 7422 or to the lobby of building 7405. Assembly start time is :_____."

_____ G. Repeat steps of 2.2.1 D and F in full, one time.

_____ H. Contact Security and request that security perform a sweep of the discharge canal, the nature trail, and the beach to evacuate visitors from the owner controlled area.

_____ I. Continue to repeat steps of 2.2.1 D and F at 10-minute intervals until notification that the Site Assembly has been completed.

_____ J. Turn off outside page speakers following completion of site assembly.

2.3 **IF** a containment evacuation is required, **THEN** perform the following:

_____ 2.3.1 **IF** a manual Containment Evacuation alarm is warranted, **THEN** the Operations Shift Manager or designee shall sound a 60-second blast of the Containment Evacuation alarm.

2.3.2 The Operations Shift Manager or designee shall:

- _____ A. Call Radiation Protection and Security at upper and lower containment at the following numbers:

<u>Unit 1</u>	<u>Unit 2</u>
Outside Upper 2354	Outside Upper 2361
Outside Lower 2424	Outside Lower 2427
Inside Upper 2355	Inside Lower 2359

- _____ B. **IF** no answer at either upper or lower containment, call the following:

- Security Shift Supervisor: 4550 / 2678
- RP Supervisor: 2027.

- _____ C. Notify Security at Ext. 2688 or 4900 when any valid containment evacuation alarm is received.

- _____ 2.3.3 **IF** all personnel inside containment are not accounted for, **THEN** the Operations Shift Manager, or designee, and the Shift Technical Advisor will consider containment conditions prior to implementing the initial search/warning of personnel inside containment.

- _____ 2.3.4 **WHEN** the condition requiring containment evacuation is cleared, **AND** access to containment is allowed, **THEN** the Operations Shift Manager or designee will notify Radiation Protection and Security, at telephone numbers in Step 2.3.2, that access to containment is now allowed.

3. Subsequent Actions

- | |
|--|
| <p>NOTE:</p> <ol style="list-style-type: none">1. Evacuation will be coordinated by the Site Assembly/Site Evacuation Coordinator if the TSC is activated.2. Evacuation will be coordinated by the Operations Shift Manager if the TSC is not activated.3. Site evacuation must be preceded by a Site Assembly. |
|--|

- 3.1 **IF** a Site Evacuation is required, **THEN** perform the following:

- 3.1.1 The Site Assembly /Site Evacuation Coordinator or Operations Shift Manager shall:

- _____ A. Contact Radiation Protection Duty Supervisor (4528 or plant pager number 75-255) for assistance in assessing the radiological hazard, wind speed, and wind direction and in selecting the evacuation site.